

3rd Party EDI Lockbox (e-Payments)

User Manual

Patches

PRCA*4.5*173 & IB*2.0*135

October 2003



**Department of Veterans Affairs
Veterans Health Administration**

Revision History

Date	Revision	Description	Author
10/02/03	1.0	Initial Draft	Marian Carter
10/10/03	1.1	Revision	Ellen Giglia

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1. Introduction

1.1. Business Use

The Health Insurance Portability and Accountability Act (HIPAA) requirement for healthcare plans and providers who conduct transactions electronically to comply with rules for transaction and code set standardization is the precursor to the development of the e-Payments (3rd Party EDI Lockbox) software. This software will allow the Veterans Administration (VA) to receive electronic healthcare payment and remittance advices in a standard format.

PNC Bank in Pennsylvania will function as the VA 3rd Party Lockbox bank and will accept those standard transactions from payers on behalf of VA. The bank will make a daily deposit of 3rd party payments to US Treasury for us. They will also pass along deposit information in the form of an Electronic Funds Transfer (EFT) and data about the payment in the form of an Electronic Remittance Advice (ERA) to the Austin Financial Services Center (FSC). The Austin FSC will accept those transactions from the bank and translate those files into a VistA readable format, or flat file. The FSC will then forward those flat files to the appropriate VistA AR package by way of Mailman messages.

VistA, therefore, was enhanced to allow receipt processing and posting of electronic remittance data sent by payers. Additionally, VistA and FMS were enhanced to accommodate receipt and processing of 3rd party electronic payment data.

The e-Payments software will supplement the current accounts receivable process by eliminating some data entry and automating the process of associating payment information to claims.

1.2. Timeframes

The e-Payments software will be released to sites on October 10, 2003 with an installation compliance deadline of October 16, 2003. Once the e-Payments software is installed, sites will be notified by the e-Payments CBO Implementation Manager as to when specific payers will be brought on line. The payer community is working to make their transactions HIPAA compliant. Once payers are ready to transmit, they will work with our Lockbox Bank to enroll in the VA e-Payments program. After enrolling, each payer will go through a rigorous transaction testing process with our Lockbox bank and any Clearinghouse that may be integrated. Testing ensures that the payer's 835 EFT and ERA transmissions:

1. Conform to acceptable HIPAA and X12 transaction standards and
2. Can be received and forwarded by internal VA processing and messaging systems.

The entire payer community is not expected to be ready to transmit immediately following the HIPAA deadline of October 16, 2003. Payer implementation is expected to be staggered but should initially cover the most frequent VA payers across each VISN. Sites should expect to continue with paper processing as the electronic payers are brought on line.

1.3. New Terminology

The following table of terms contains vocabulary that will be referenced throughout this document to describe the e Payments process.

EFT	Electronic Funds Transfer; the electronic form of what is currently sent as a paper check
ERA	Electronic Remittance Advice; the equivalent to a stack of paper Explanation of Benefits (EOB) statements for many patients from one payer
EEOB	Electronic Explanation of Benefits; one line item within an ERA
Trace Number	A number assigned by the insurance company to identify which EFT payment is associated with what ERA; used to re-associated electronic remittance payment with data
Insurance Company ID	IS associating each transaction with the payer; typically the payer's tax ID number and is not related to any other Payer ID stored in VistA for other purposes.
FSC	Financial Services Center; located in Austin, Texas; FSC runs GENTRAN translator software on FSC servers; FSC servers parse incoming EFT and ERA data and routes data to the appropriate VistA AR system based on Provider Tax ID information within each transaction
GENTRAN	Software used to translate incoming 835 data into VistA readable flat file data; software is loaded onto FSC server
AAC	Austin Automation Center (AAC); located in Austin, Texas; responsible for maintaining the hardware that supports the Lockbox system, including FSC servers, the Mailman routing system, and EPHRA database
EPHRA	EEOB and Payment Healthcare Resolution Application; Web-based archival repository and research tool; allows user to search for missing EEOBs that are not received due to incorrect routing information; allows Austin FSC 224-unit staff to route unroutable EEOB data
Posted ERA	Indicates the AR processing is complete
Unposted ERA	Indicates the AR processing is not complete; an unposted ERA needs to be processed, closed, and posted, just like a paper EOB that must be verified and/or adjusted before closing
Matched	An ERA that has been associated with an EFT, a paper check, or a zero dollar payment
Unmatched	An ERA that has not yet been associated with an EFT, a paper check, or a zero dollar payment; user will always select unmatched when searching for an ERA that should match the paper check received

1.4. Process Flow

The following figure depicts a high level description of the e-Payments process.

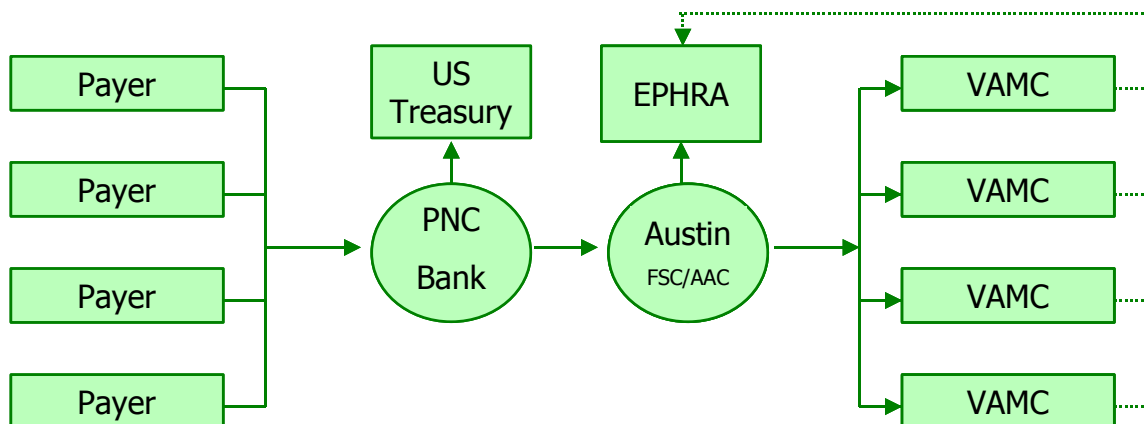


Figure 1 - e-Payments High Level Process Flow

The data flow process will function as follows:

1. Electronic claims will be sent to the payer and the Clearinghouse will send a message to VistA Integrated Billing (IB), indicating that the claim passed all Clearinghouse validity edits and was forwarded to the payer. The message will initiate the auto-audit functionality that automatically audits the claim and sets it up as a receivable in VistA.
2. The payer adjudicates the claim and determines payment. The payment may be sent electronically to PNC Bank as an EFT or the payer may mail a paper check.
3. PNC Bank will send:
 - a. EFT dollars directly to the U.S. Treasury,
 - b. EFT 835 transactions, containing daily total deposit information by payer to the FSC, and
 - c. ERA 835 transactions, containing electronic EOBs (EEOBs) to the FSC.
4. The FSC will pass EFT and ERA information on to each VAMC in flat file format via VistA Mailman messages.
5. Additionally, the FSC will transmit the EFT and ERA flat file information to the EPHRA database, maintained by the AAC, but managed by the FSC 224-Unit staff.
6. The FSC will also transmit unroutable EEOB data to EPHRA. Unroutable EEOB data does not contain the appropriate Tax ID information to allow the FSC to route it to the proper VistA AR system. FSC 224-Unit staff will monitor EPHRA for unroutable EEOB data and use other data identifiers, such as the bill number, to determine appropriate routing and transmit to the correct VistA AR system.

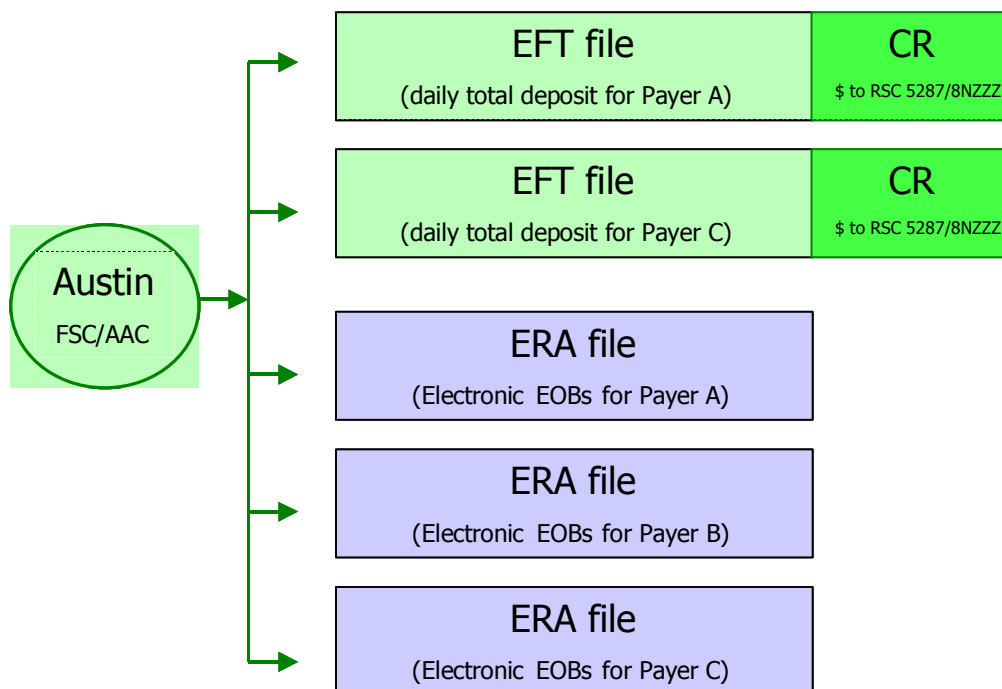


Figure 2 - EFT and ERA Storage Process in VistA

7. EFT data received by VistA initiates an automatic Cash Receipt (CR) document for each payment received within the deposit and puts the payment information into a “suspense type” fund that tracks payments not yet posted as part of the A/R nightly processing job. The Revenue Source Code (RSC) 8NZZ was created specifically for 3rd Party EFTs. (See Figure 2 - EFT and ERA Storage Process in VistA)

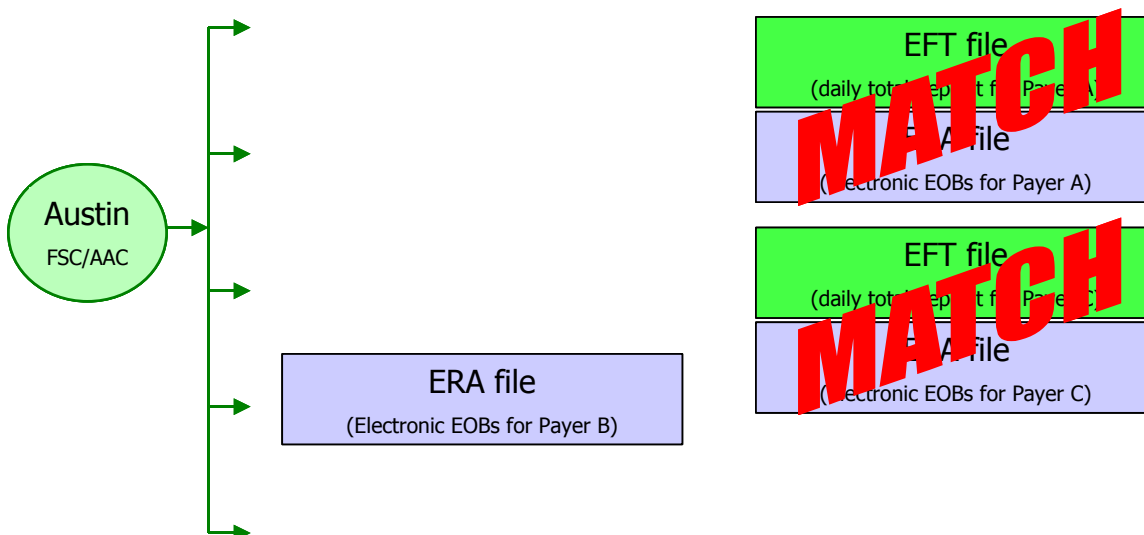


Figure 3 - e-Payments Nightly Process

8. VistA runs a nightly process (see Figure 3 - e-Payments Nightly Process) that matches ERAs to EFT files using the Trace Number and Insurance Company ID.
 - a. If the system finds a match, it then verifies the amount matches. If the amount matches, the ERA and EFT detail records are marked as “matched.”
 - b. If the amount does not match, the ERA record and the EFT detail record are marked as “matched with errors.”
 - c. If the system is not able to match an ERA with an EFT detail record, it is marked as “unmatched.” It is most likely that this scenario will call for a match to a paper check or is a zero-payment.
9. When the ERA is received in VistA, it attempts to associate EEOBs with bills in the AR package and stores the details associated with the payer’s adjudication decisions in Integrated Billing’s EEOB file. This EEOB data is available for display under the BILL CHARGES action in THIRD PARTY JOINT INQUIRY.
 - a. If any EEOBs cannot be associated with bills in VistA, a message will be sent to the RCDPE PAYMENTS EXCEPTIONS mail group. This message indicates that your sites may have received an EEOB belonging to another site.
 - b. See Section 3.2 Exception Processing for instructions on transferring an EEOB to the appropriate site.
 - c. If NONE of the EEOBs included in the ERA can be associated with a bill in VistA, a message will be sent to the RCDPE PAYMENT EXCEPTIONS mail group indicating there were no valid bills on the ERA for the site. This ERA is then rejected and is not stored at the site. Contact the e-Payments Implementation Team by calling Susan Kersten at 1-559-241-6454 to notify them of this situation.
10. Members of the RCDPE Payments mail group receive the nightly processing bulletins.
11. Members of the RCDPE Payment Exceptions mail group will receive all bulletins for exception conditions or processing issues generated by the EDI Lockbox/e-Payments message processor. Generally, an e-Payments exception occurs when an EDI Lockbox message cannot be automatically or completely filed into the VistA AR and IB systems. When this occurs an exception record is created in Exception Processing. In order to address the transmission issues, you will access the Exception Processing function.
12. The user reviews all unposted ERAs and creates the EEOB Worklist Scratch Pad entries to make the necessary adjustments to balance the total of the EEOB with the total on the check or EFT. In order to use the worklist, ERAs with an unmatched status require matching to a paper check or zero dollar payment first.
13. Once the adjustments are made in the Worklist, the Receipt can be created automatically through a Worklist function or the changes can be printed and the receipt and any total balancing adjustments can be created manually.
14. The receipt can then be processed as normal through PR Process Receipt.
15. For EFTs related to ERAs:

After the receipt is processed and closed in VistA, the FMS transactions will be initiated. This means that a TR document is generated to FMS to transfer the monies from the new

MCCF RSC 5287.4/8NZZ to the appropriate MCCF collection accounts under 5287. This TR document will also transfer any monies needing to be posted to the station suspense account or other accounts, due to non-MCCF billing/payments.

16. For ERAs related to paper checks:
A CR document is generated to process the monies into FMS. This is the same processing as for current non-EDI Lockbox receipts.
17. If the ERA receipt is not created using the Worklist, then the ERA reference must be manually entered using the EDIT RECEIPT action in Receipt Profile. If the ERA is also associated with an EFT, the EFT reference must also be manually added using this action. This is extremely important because the receipt associated with an EFT will generate the appropriate TR documents to move the money out of 8NZZ and into the proper Fund/RSC whereas a receipt without an EFT referenced will generate a CR document and will expect the dollars on the receipt to be deposited by your site.

1.5. Transmitting EEOBs between Sites

Transfer of EEOBs between sites will use the existing functionality of the VistA MailMan system. If a site mistakenly receives an EEOB belonging to another site, that EEOB's data (not the dollars) may be transferred to the appropriate site through Mailman messaging.

When a site receives a transferred EEOB, a message is automatically returned to the transferring site to acknowledge the EEOB's receipt. The EEOB is then loaded into the receiving site's DATA EXCEPTIONS list. It must either be accepted as belonging to the site or rejected. In either case, another automated message is sent back to the transferring site with this information. On receipt of either of these 2 latter messages the transfer status of the individual EEOB detail record at the transferring site is updated with this information.

Transferring an EEOB to another site will be done according to the following process:

1. From the EEOB Data Exceptions List, locate the misrouted EEOB and select Transfer EEOB.
2. The system will prompt the user to select the EEOB Data Exception from the screen.
3. After the user enters the number of the EEOB Data Exception, the system will ask the user to which site the EEOB is to be transferred. The user will select from a list of site names and numbers and enter the information after the screen prompt.
4. The system then allows the user to enter 45 characters for comment to indicate who at the other site should be contacted with regard to the transferred EOB. The user can enter a name and telephone number. The default for this is the agent cashier's information as set up the IB Site Parameters.
5. The system then asks the user if the EEOB should be printed. The user can enter his or her preference.
6. After the transfer is made, the system will transmit the EEOB record by Mailman to the other site. The user's screen will show that the transfer was made but not yet acknowledged by the receiving site. An EEOB Transfer moves the data only and not the associated dollars. To transfer money, the user must perform a TDA or Journal Voucher.

7. The receiving site automatically sends an acknowledgement receipt for the transferred EEOB back to the originating site when mailman successfully delivers it. In addition, the receiving site's RCDPE PAYMENTS mail group receives a bulletin alerting them to the existence of the transferred in EEOB. The EEOB will appear as a TRANSMISSION EXCEPTION in EXCEPTION PROCESSING. This site must review the transferred in EEOB and accept it as theirs by using the FILE MESSAGE action and selecting the EEOB exception record or reject it by using the DELETE MESSAGE action and selecting the EEOB exception record. Either action removes it from the receiving site's TRANSMISSION EXCEPTION list. If the EEOB is accepted, the EEOB will automatically be removed from the originating site's Exception List and a bulletin will be sent to the RCDPE PAYMENT MGMT mail group to notify them that the funds must be manually transferred for the transferred EEOB. If rejected, the status of the EEOB at the originating site is updated to indicate this. A bulletin is sent to the RCDPE PAYMENTS mail group to report the rejected EEOB transfer. The EEOB can then be transferred to another site.

2. Getting Started with e-Payments

2.1. Menus and Screens

The EEOB Worklist/Scratchpad is a new option that has been created for the e-Payments system. It allows the user to select an ERA and view the detailed EEOB records associated with the ERA. The following information is available from the EEOB Worklist/Scratchpad:

For the entire ERA:

1. ERA Entry #
2. Payer Name/ID
3. Total Amt Paid
4. Paper Check # or EFT Trace #
5. Total amount to be posted to the receipt

For the EEOB detail:

1. Bill number
2. Patient Priority Status (CAT C)
3. Rx Copay exempt status
4. Date of service
5. Payer name
6. Billed amount
7. Patient last name
8. Last 4 digits of the patient's SSN

9. Paid amount
10. COB status
11. Line item number from the ERA
12. ERA level and Claim level Adjustment totals

The Summary EEOB Worklist will allow the user to perform the following actions:

1. Split/Edit A Line
2. Distribute Adj Amts
3. Print EEOB Detail
4. Print an ERA
5. Refresh Scratch Pad
6. Research Menu
7. Preview/Create Receipt
8. Exit

The Research Menu is accessible through the Summary EEOB Worklist screen and it allows the following actions to be performed:

1. PRINT EEOB DETAIL
2. PRINT AN ERA
3. THIRD PARTY JOINT INQUIRY
4. RELEASE HOLD
5. CHARGE MAINTENANCE (Cancel/Edit/Add Patient Charges) locked with key PRCA
EDI LOCKBOX CHARGES
6. CLAIMS MATCHING
7. ON HOLD LIST
8. DECREASE ADJUSTMENT
9. RETURN TO SCRATCH PAD MENU

The Preview/Create Receipt screen is accessible through the Summary EEOB Worklist screen and it allows the following actions to be performed:

1. PRINT RECEIPT PREVIEW
2. CREATE RECEIPT (which will allow a link to the RECEIPT PROCESSING function if the receipt is created without errors)

All of the menus and screens will be described in detail in Section 3 e-Payments Processing.

2.2. Parameters

Two new parameters have been added as a part of the e-Payments software. Those parameters are:

1. New Site Parameter – Aging Payments

This parameter allows the user to select the specified number of days that will elapse before an unmatched payment (for an EFT detail line) will be reported. This parameter will be used when the report is run as part of the nightly processing. At installation, the Report Aging Payments site parameter will default to five days.

2. New Site Parameter – Aging ERA

This parameter allows the user to select the specified number of days that will elapse before an unmatched ERA will be reported. This parameter will be used when the job is run as part of the nightly processing. At installation, the Report Aging ERA site parameter will default to seven days.

2.3. Mail groups

Four new mail groups have been added for Lockbox. The names of these mail groups are:

- **RCDPE PAYMENTS:** This group will receive all reports and bulletins generated by the nightly processing job and from all other EDI Lockbox jobs except for those resulting from exceptions found when storing the EDI Lockbox transmission records.
- **RCDPE PAYMENTS EXCEPTIONS:** This group will receive all bulletins for exception conditions generated by the receipt of all EDI Lockbox electronic messages.
- **RCDPE PAYMENTS MGMT:** This group will receive the bulletin that is sent when an EEOB transferred out of the site is accepted by another site.
- **MLB:** This mail group receives all transmission messages relating to EDI Lockbox. The only member of this mail group is the AR EDI Lockbox server option.

It is a local decision as to who will be members of the first 3 mail groups (it is recommended at a minimum that the MCCF Supervisor or Lead AR be included). **Important: If no one is assigned to these mail groups, critical bulletins and messages will not reach those who need to be informed.** Appendix E contains a list of the bulletins and recommendations on how to handle each message.

2.4. Contact Information

The e-Payments Implementation team is available to support sites through software rollout and for six months following the scheduled release in October 2003. The Implementation team consists of the following individuals offering the following support:

Name	Title	Email	Telephone	Support Type
Cathy A. Harris	e-Payments CBO Implementation Manager	Cathy.harris@med.va.gov	205- 608-3026	Handles all issues related to external e-Payments partners, such as PNC Bank, associated Clearinghouses, and pervasive payer

				issues.
Susan L. Kersten	e-Payments Field Implementation Manager	Susan.kersten@med.va.gov	559- 241-6454	Handles all AR related issues, including software functionality and training topics.
Lisa Douglass	e-Payments CBO Project Manager	Lisa.douglass@hq.med.va.gov	202-254-0393	Handles all policy issues.
NHD	National Help Desk		888-596-4357	Submit a NOIS in FORUM for all software load and performance issues.

Starting October 23, 2003, the e-Payments project team, including representatives of National VistA Support (NVS), Health Systems Design and Development (HSD&D), and the Chief Business Office (CBO) will host a weekly National Support Conference Call. The intent of this call is to provide support to Accounts Receivable personnel and VistA system support staff who will use or maintain the e-Payments software that process 3rd Party electronic payments and remittance advices. This meeting will be held **every Thursday** from **October 23, 2003** through **April 1, 2003**. This meeting is entitled "**e-Payments/Douglass**" in the VANTS scheduling system.

The agenda for each meeting is:

1. **Welcome** - CBO
2. **Roll Call** - CBO
3. **Announcements** - CBO
4. **Technical Issues** - NVS and HSD&D
5. **Implementation Issues** - CBO and Field Implementation Management
6. **Site/VISN Questions & Answers** - Site/VISN Representatives

The dial in number for this call is 1-800-767-1750 Access Code: **10783**.

3. e-Payments Processing

Daily activities related to processing e-Payments are included in this section of the User's Guide. It is organized by how the daily workflow should be processed – starting with checking e-mail and processing exceptions before beginning proceeding to the EEOB Worklist activities.

3.1. Check Email

The 3rd Party EDI Lockbox software make extensive use of e-mail bulletins to alert users about actions taken during the nightly processing of EFTs and ERAs received from payers. Check e-mail for these notifications first thing in the morning to help plan the workday. If you receive a bulletin that states an ERA was rejected because no valid EEOBs were found for your site, you **MUST** contact the e-Payments Implementation Team by calling Susan Kersten at 1-559-241-6454 to reconcile this or you may lose payment data, as there may just be a format problem with the ERA.

3.2. Exception Processing

Before starting to process anything on your EEOB Worklist, check for exceptions by using the option **EXC EDI Lockbox 3rd Party Exceptions** located on the EDI Lockbox Menu. Any ERA record that cannot be automatically and completely filed into the VistA AR and IB systems will end up on the Exception Processing lists. This includes those EEOBs received via a transfer from another site and also ERAs with recognized errors that prevent a clean update to automatically occur. Records can be viewed and various options are provided to reconcile the exceptions and move them to the EEOB Worklist for processing.

There are two types of exceptions, Transmission Exceptions and Data Exceptions.

3.2.1. Transmission Exceptions

Transmission Exceptions occur when there was a problem storing ERA EEOB data. Here are three examples of when a transmission error may occur:

1. An EEOB has been transferred into the site from another site that received it in error.

In this example you can **File Message** to accept EEOB and file data in IB. When you do this a mailman message is sent to the sender and exception is removed from that site's exception list. Or, you can **Delete Message** to reject an EEOB that does not belong to your site. When you do this, a mailman message is sent to sender.

2. All sequences for an ERA that was sent in multiple messages were not received at the site.

For example, AR cannot process these until ALL of the messages in the batch are received. The exception list contains only 4 of 5 messages. You should wait for the 5th message. If the message is not received in 24 hours, contact IRM/IT and log a NOIS requesting re-transmission.

3. An ERA transmission did not fully complete the permanent update process on a previous date and remains in the file, partially processed. How is this corrected? Log a NOIS, as this is probably the result of a system problem. Once the problem has been resolved, use File Message to process the ERA. Or, if the problem is severe and cannot be resolved, you will be instructed to use DELETE MESSAGE to permanently remove the message from the list.

3.2.1.1. Processing Actions for Transmission Exceptions

- *View/Print Message* – Used to print or view the formatted version of the message and optionally includes the actual text (raw data) received in the message.
- *File Message* – Used to attempt to re-file a message. This could be used if the message was not completely stored in the permanent ELECTRONIC REMITTANCE ADVISE file or, to accept an EEOB transferred in from another site. When the user selects a message to re-file, the system checks the content of the message and tries to automatically file the data in VistA. If successful, the exception is removed. A bulletin is sent to the RCDPE PAYMENTS mail group reporting the attempt to re-file the message.

If this action is used to accept an EEOB from another VA facility, it will also send a mailman message confirming acceptance back to the site the EEOB was transferred from.

- *Delete Message* – Used to remove the message from the exception list if the message cannot be re-filed into VistA automatically. This action removes the message permanently from the exception list and sends a bulletin to the RCDPE PAYMENTS Mail Group containing the text of the message received.

If the site receives an EEOB transferred in from another site and determines it does NOT belong to the site, using this option deletes the transferred in EEOB message and sends an automatic EEOB rejected bulletin back to the site the EEOB was transferred from.

- *TPJI (Third Party Joint Inquiry)* – This is a link to TPJI in case further analysis of the site's receivables is required.

3.2.2. Data Exceptions

A Data Exception occurs when AR cannot match the claim number on the EEOB with a claim number in AR. There are two examples of Data Exceptions

- An EEOB that may belong to another site has been detected
If an EEOB has been sent to your site in error, the **Transfer EEOB** function should be used to send it to the correct site. To view EEOBs transferred out and/or transferred in, use the EEOB Transfer Reports option.
- An EEOB has encountered an error such as a typo or transposed bill number, the action called **Edit a Claim #** can be used to correct this error.

3.2.2.1. Processing Actions for Data Exceptions

- *View/Print Message* - Used to print or view the exception message and any detail on file for it.
- *File EEOB in IB* - Used to attempt to re-file the EEOB data detail in IB if an exception occurred during a previous update attempt.
- *Remove Exception* - Used if there is no electronic way to resolve the exception condition. This action marks the ERA or EEOB detail record so it no longer appears as an exception. A bulletin will be sent to report this action to the RCDPE PAYMENTS mail group.
- *Transfer EEOB* - Used to transfer an EEOB for an individual bill that belongs to another site. Select the EEOB record, select the site to send it to, the phone number of the contact at your site (in case the other site has questions), and if the EEOB should be printed and if so, where to print it. This sends the EEOB data to the selected site and prints the EEOB detail locally if this option was selected.
- *Edit A Claim #* - Used to update the claim number to reflect the correct claim number you want to file the EEOB. TPJI can be used to view the claim detail before changing the claim number. *Special Note:* This function actually REMOVES the old claim number from the EEOB Worklist and REPLACES it with the new one. If this change is made in the Worklist, the original number remains on the EEOB and the new number also references the EEOB. It is cleaner to do it here than the Worklist if the error is simply that the wrong bill # was reported paid.

3.3. Working the EEOB Worklist

The EEOB Worklist is a list of electronic EOB (EEOB) detail records that were included on a selected electronic remittance advice (ERA). It allows for the creation of a receipt that will post the detail contained in each EEOB against the site's A/R and to FMS. To accomplish this, some manipulation of the payment data may be necessary. The EEOB Worklist contains the tools for performing these manipulations (i.e. distribute adjustments, split/edit a payment, etc.).

The process begins with a series of questions that determines which ERA available to be processed:

ERA Posting Status:

- UNPOSTED – ERA/Receipt has **not** been posted to FMS
- POSTED - ERA/Receipt **has** been posted to FMS

ERA-EFT Match Status:

- NOT MATCHED – ERA has **not** been matched with an EFT (automatically by nightly job) – or – ERA has **not** been matched with a paper check by user - or - ERA has **not** been matched with a Ø -payment by the user
- MATCHED - ERA **was** matched with an EFT (automatically by nightly job) – or – ERA **was** matched with a paper check by user) – or – ERA **was** matched with a Ø-payment by user
- BOTH – list both Not Matched and Matched ERAs

Once the ERA is selected, if the payer has indicated a PAYMENT METHOD CODE on the ERA, it will be displayed here. This can be used as a guide as to how the payer has decided to send the payment for this ERA to the site. Some examples are: CHK indicates a paper check should be expected; NON-indicates a Ø-payment; ACH indicates an EFT should be expected.

If the PAYMENT METHOD CODE indicates NON, respond YES to the next prompt to mark the ERA as MATCH-Ø-PAYMENT.

If associating a paper check with an ERA, enter the check # and date of the check.

Next choose the display order of the EEOB information.

- NO ORDER – same order as sent by the Payer
- ZERO-PAYMENTS FIRST
- ZERO-PAYMENTS LAST

Example of EEOB

EEOB Worklist/Scratch Pad	Sep 11, 2003@13:24:20	Page: 1 of 2
ERA Entry #:	Payer Name/ID: NAME OF PAYER	
Total Amt Pd:	EFT TRACE # or PAPER CHECK #:	

1	EEOB Seq # On ERA: 3	Net Payment Amt: 509.61
1.001	Claim #: K3XXXX	Patient/Last 4: DOE,JOHN/1111
	Claim Bal: 123.45	Billed Amt: 223.45 Amt To Post: 123.45
	Svc Dt: 2/4/03	COB: NO Rx Copay: NON-EXEMPT Means Tst: NO
	Payment Amt: 123.45	Total Adjustments: 0.00 Net: 123.45
.....		
2	EEOB Seq # On ERA: 1	Net Payment Amt: 0.00
2.001	Claim #: K30XXXX	Patient/Last 4: SMITH,JOSEPH R/2222
	Claim Bal: 0.00	Billed Amt: 19.47 Amt To Post: 0.00
	Svc Dt: 1/27/03	COB: NO Rx Copay: NON-EXEMPT Means Tst: ??
	Payment Amt: 0.00	Total Adjustments: 0.00 Net: 0.00
.....		
+ Enter ?? for more actions.....		
Split/Edit A Line	Research Menu	EEOB View/Print EEOB
Distribute Adj Amts	Preview Receipt	ERA View/Print ERA
Refresh Scratch Pad	Review Line	Exit
Select Action: Next Screen// EEOB View/Print EEOB		

Figure 4 – Sample EEOB Worklist/Scratch Pad

The header of the EEOB Worklist/Scratch Pad screen contains the ERA Entry #; the Name and ID number of the Payer; the Total Amount being Paid on the ERA (this will equal the dollar amount of the Electronic Funds Transfer or Paper Check received from the Payer; and the EFT Trace # or the number from the Paper.

Each EEOB line item equates to a line item on a paper EOB form. The advantage is that the information on the EEOB Worklist/Scratch Pad will always be in the same location, regardless of Payer.

EEOB Seq # on ERA:	This shows the line item order as the payer sent it. Remember, the Worklist can be sorted with Zero Payments First or Zero Payments Last, so the sequence number may not match the line item list on the far left of the screen.
Net Payment Amt:	The payment amount plus or minus the adjustment amount will equal the net payment amount for this claim number.
Claim #:	The claims number associated with this payment. This may or may not be the correct claim number. Research each claim carefully to see the amount being paid is appropriate for the claim in AR. Test sites have identified Payer errors (typos) that could result in a payment being applied to the wrong claim if not corrected by using the Split/Edit A Line action.
Patient/Last 4:	The patient's name and last four digits from their SSN. Used to help identify this payment is for the correct Claim.
Claim Balance:	Current balance from AR.

Billed Amt:	Original billed amount from AR.
Amount to Post:	The payment amount plus or minus the adjustment amount will equal the amount to post for this claim number.
Service Date:	Beginning Service Date for this Claim
COB:	Coordination of Benefits information that indicates whether a secondary payer has been identified for this claim.
Rx Copay:	Current Rx Copay status of the patient
Means Test:	Indicates if this patient may be responsible for Means Test copayments
Payment Amt:	Amount of money paid for this claim on this ERA.
Total Adjustments:	Net total of all adjustments for this line item.
Net:	The payment amount plus or minus the adjustment amount.

3.3.1. Worklist Actions

There are a number of actions available on the EEOB Worklist/Scratchpad that can assist a user ensure the correct payment is being applied to the correct claim.

Split/Edit a Line	Used to split a payment or adjustment between two or more bills (if the payer has combined payments) or to correct the claim # associated with a payment (if the payer has reported the payment for the wrong bill).
Distribute Adj Amt	Used to balance the receipt total to be posted with the total amount deposited.
View EEOB	Used to display/print the detail received on the ERA for a selected line.
View ERA	Used to view/print the entire formatted ERA, with or without the EEOB detail.
Preview Receipt	Compiles the data in the ERA Worklist/Scratch Pad and displays the lines that will be on a receipt.
Refresh	Restores the scratch pad record to the original lines extracted from the ERA. All previous actions (splits/ adjustments/ comments) that were performed will be deleted and must be re-entered.
Review Line	Mark a specific line within an ERA in case interrupted while working. Make a notation specifying exactly where you left off.
Research Menu	Link to all the necessary AR functions/ processes needed to process ERAs. These can each still be accessed through regular AR menu options.

3.3.1.1.Split/Edit a Line

Sometimes Payers combine payments for two or more claims onto one claim. This action is used to split the payment to the appropriate claim. It can also be used to correct an incorrect claim number.

EEOB Worklist/Scratch Pad		Oct 07, 2003@16:55:39	Page: 2 of 3
ERA Entry #: 21		Payer Name/ID: Aetna/US Healthcare/1953402799	
Total Amt Pd: 1165.99		PAPER CHECK #: 05507-93746289	
+			
3	EEOB Seq # On ERA: 3 Net Payment Amt: 812.00		
3.001	Claim #: K301HLD Patient/Last 4: WHITE,CARL JR/7777		
	Claim Bal: 14850.54	Billed Amt: 14850.54	Amt To Post: 812.00
	Svc Dt: 12/12/02	COB: NO	Rx Copay: NON-EXEMPT Means Tst: YES
	Payment Amt: 812.00	Total Adjustments: 0.00	Net: 812.00
.....			
4	EEOB Seq # On ERA: 4 Net Payment Amt: 343.99		
4.001	Claim #: K30256C Patient/Last 4: SMITH,ROBERT L/6666		
	Claim Bal: 100.00	Billed Amt: 100.00	Amt To Post: 343.99
	Svc Dt: 1/22/03	COB: NO	Rx Copay: NON-EXEMPT Means Tst: YES
	Payment Amt: 343.99	Total Adjustments: 0.00	Net: 343.99
.....			
+ Enter ?? for more actions.....			
	Split/Edit A Line	Research Menu	EEOB View/Print EEOB
	Distribute Adj Amts	Preview Receipt	ERA View/Print ERA
	Refresh Scratch Pad	Review Line	Exit
Select Action: Next Screen//			

This example shows how to Split/Edit Line item #4 to post the payment correctly. This action takes place after discussing this payment with the Payer and confirming how the payment should be applied.

Select Action: Next Screen//	Split/Edit A Line
SELECT THE ENTRY THAT HAS A LINE YOU NEED TO SPLIT/EDIT	
Select EEOB Line: (3-4): 4	
4.001 Claim #: K30256C Patient/Last 4: SMITH,ROBERT L/8666	
Claim Bal: 100.00 Billed Amt: 1719.92 Amt To Post: 343.99	
Svc Dt: 1/22/03 COB: NO Rx Copay: NON-EXEMPT Means Tst: YES	
Payment Amt: 343.99 Total Adjustments: 0.00 Net: 343.99	
.....	
CLAIM #: K30256C// >>Current claim balance is: 100.00	
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 343.99// 100.00	
RECEIPT LINE COMMENT: SPLIT PAYMENT REMAINDER APPLIED TO K3023PH	
CLAIM #: K3023PH >>Current claim balance is: 2341.39	
PAYMENT AMOUNT TO APPLY TO THIS CLAIM: 243.99// <RET>	
RECEIPT LINE COMMENT: SPLIT PAYMENT - ORIG APPLIED TO K30256C	

Apply the correct payment amount to the correct claim number until all the funds are applied.

	Claim #	Payment Amount	Adjustment Amt	Net Amount
1	K30256C	100.00	0.00	100.00
	SPLIT PAYMENT REMAINDER APPLIED TO K3023PH			
2	K3023PH	243.99	0.00	243.99
	SPLIT PAYMENT - ORIG APPLIED TO K30256C			
		=====	=====	=====
	TOTALS:	343.99	0.00	343.99

Enter ?? for more actions.....

File New Lines

Edit Lines Split

Exit

Select Action:Quit// File New Lines

Edit Line Split if the information is not correct. File the new lines to save this information. Exiting without filing will mean all changes are discarded.

4	EEOB Seq # On ERA: 4				Net Payment Amt: 343.99	
4.001	Claim #:	K30256C	Patient/Last 4:	SMITH,ROBERT L/8666		
	Claim Bal:	100.00	Billed Amt:	1719.92	Amt To Post: 100.00	
	Svc Dt:	1/22/03	COB:	NO	Rx Copay: NON-EXEMPT Means Tst: YES	
	Payment Amt:	100.00	Total Adjustments:	0.00	Net: 100.00	
	Receipt Comment: SPLIT PAYMENT REMAINDER APPLIED TO K3023PH					
.....						
.						
4.002	Claim #:	K3023PH	Patient/Last 4:	SMITH,ROBERT L/8666		
	Claim Bal:	2341.39	Billed Amt:	2341.39	Amt To Post: 243.99	
	Svc Dt:	1/22/03	COB:	NO	Rx Copay: NON-EXEMPT Means Tst: YES	
	Payment Amt:	243.99	Total Adjustments:	0.00	Net: 243.99	
	Receipt Comment: SPLIT PAYMENT - ORIG APPLIED TO K30256C					

Sub lines are created for each EEOB line item to allow the payment amounts to be split and distributed as necessary. The sub lines are numbered in increments of .001. In this example, the sub-lines are numbered 4.001 and 4.002.

3.3.1.2.Distribute Adj Amt

There are circumstances where payers determine they have 'overpaid' a VA facility on a claim. There are two possible ways Payers process transactions to recoup overpayments:

- Process a retraction of funds on a subsequent payment (takeback)
- Issue a negative payment adjustment (clipped payment)

Here are two examples showing how a 'clipped payment' and a 'takeback' will appear on an ERA.

Example One: Takeback

VA billed Payer \$200.00 for care. Payer issued a payment for \$160.00 (80% of the billed amount). A Payer review shows policy should have paid at 60% so the actual payment should have been \$120.00.

3	EEOB Seq # On ERA: 3	Net Payment Amt: -40.00
3.001	Claim #: K301HLD Patient/Last 4: WHITE,CARL J/7777	
	Claim Bal: 0.00 Billed Amt: 200.00 Amt To Post: -40.00	
	Svc Dt: 12/12/02 COB: NO Rx Copay: NON-EXEMPT Means Tst: YES	
	Payment Amt: 120.00 Total Adjustments: -160.00 Net: -40.00	

In this example, the Payer sent an EEOB with both the new payment amount (\$120.00) and the retraction of the incorrect payment (-\$160.00). This resulted in the Net Payment amount of a negative number (-\$40.00) being recorded on this EEOB. Use the action called **Distribute Adj Amts** on the EEOB Worklist to decrease the payments received on one or more of the other claims within the ERA. See the Distributed Adjustments section of this guide for instructions on how to perform this action.

Example Two: Clipped Payment

Payer determines an overpayment of \$14.00 was made to VA. Rather than process a negative transaction adjustment on a specific VA claim, they process a non-specific retraction.

1	EEOB Seq # On ERA: ADJ1	Net Payment Amt: -14.00
1.001***	ADJUSTMENT AT ERA LEVEL	
	Payment Amt: 0.00 Total Adjustments: -14.00 Net: -14.00	
	ADJUSTMENTS:	
	1. Non-specific retraction (ref# S1234): -14.00	

The EEOB line shows an adjustment at an ERA level. This is because the Payer did not provide a VA claim number. The Payment Amount will show as \$0.00 and the adjustment amount -\$14.00. The net payment amount is -\$14.00. The Ref # is provided by the Payer as a way for both you and the payer to identify and track this transaction. The Adjustment comments show this is a non-specific retraction with no reference to a claim number. Again, use the action called **Distribute Adj Amts** on the EEOB Worklist to decrease the payments received on one or more of the other claims within the ERA.

Sometimes Payers will process non-specific payments to VA.

2	EEOB Seq # On ERA: ADJ2	Net Payment Amt: 24.00
2.001***	ADJUSTMENT AT ERA LEVEL	
	Payment Amt: 0.00 Total Adjustments: 24.00 Net: 24.00	
	ADJUSTMENTS:	
	1. Non-specific payment (ref# A1234): 24.00	

ERA level adjustments do not reference individual claims. The payment amount = 0, the total adjustments is a positive number (\$24.00) and with a net payment for the amount adjusted (negative for a retraction/positive for an additional payment). The Ref # is provided by the Payer as a way for both you and the payer to identify and track this transaction. This non-specific payment will be placed in your facility's suspense account when the receipt is processed for this ERA.

Use the **Distribute Adj Amt** action to resolve takebacks and clipped payments.

Select Action: Next Screen// **Distribute Adj Amts**

SELECT A LINE THAT NEEDS AN ADJUSTMENT AMOUNT DISTRIBUTED: 1.001// <RET>

LINE #: 1.001 AMOUNT NEEDED TO DISTRIBUTE: -14.00

SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO: ?

THE FOLLOWING LINE(S) HAVE A NET PAYMENT THAT CAN BE USED TO OFFSET THE
NEGATIVE NET PAYMENT FOR LINE 1.001 (-14.00):

3.001	812.00 On hold exists
4.001	243.99
2.001	24.00

SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO:

In this example, line item 1.001 has a negative amount that needs to be distributed to a payment. Entering a question mark displays the lines on the ERA that have a positive payment that can be used to offset the negative net payment.

SELECT A LINE TO DISTRIBUTE THE ADJUSTMENT AMOUNT TO: **4.001**

LINE #: 4.001 LINE BALANCE: 243.99

ADJUSTMENT AMOUNT TO DISTRIBUTE: 14.00// <RET>

DECREASE ADJ COMMENT (1-60 CHARACTERS):

> RETRACTED FOR ERA ADJ #1 Ref: S1234

Replace <RET>

An adjustment amount can be distributed against several lines if necessary. A DECREASE ADJUSTMENT will be automatically performed for the decreased amount at receipt posting if the Worklist is used to build the receipt detail. A standard comment will be used will be used when the DECREASE ADJUSTMENT is sent unless a new comment is entered. (It is up to each station to determine if the default comment is used or a more detailed comment needs to be entered by the user.)

1 EE0B Seq # On ERA: ADJ1 Net Payment Amt: 0.00

1.001***ADJUSTMENT AT ERA LEVEL

Payment Amt: 0.00 Total Adjustments: 0.00 Net: 0.00

ADJUSTMENTS:

1. Non-specific retraction (ref# S1234): -14.00
 2. Adjustment distribution to balance receipt: 14.00
- RETRACTED FUNDS DEDUCTED FROM OTHER PAYMENT ON THIS ERA

.....
4.001 Claim #: K30123 Patient/Last 4: JONES,RICHARD L/8888

Claim Bal: 2341.39 Billed Amt: 2341.39 Amt To Post: 229.99
 Svc Dt: 1/22/03 COB: NO Rx Copay: NON-EXEMPT Means Tst: YES
 Payment Amt: 243.99 **Total Adjustments: -14.00** Net: 229.99
 ADJUSTMENTS:
 1. Distributed adj dec for retraction S1234: -14
 RETRACTED FOR ERA ADJ #1 Ref: S1234

An adjustment record is then displayed attached to BOTH lines selected, indicating the action that was taken. The negative net payment line will have its net amount increased by the amount selected and show a Net Payment Amount of zero. The line with the positive net payment data will be decreased by this same amount to balance the amount of the deposit/check with the amount being posted. The Total Adjustments field shows the amount adjusted, while the Amount to Post and Net show the new payment amount.

3.3.1.3.View/Print EEOB and View/Print ERA

These Worklist actions are used to display/print the detail received from a Payer. Where the View/Print EEOB will only show the information for one line on the ERA, the View/Print ERA will show detailed information on each and every EEOB line for the entire ERA. Here is a sample of the EEOB information sent by Payers.

ED I LOCKBOX EEOB DETAIL FROM WORKLIST		10/7/03	Page: 1
ERA NUMBER: 3 ERA TRACE #: 090307031000019 ERA DATE: Mar 06, 2003			
INS COMPANY: Aetna/US Healthcare/1953402799			
=====			
===			
CLAIM #: 603-K3024Z5			
EOB GENERAL INFORMATION:			
Type	: NORMAL EOB	EOB Paid DT	: 3/6/03
Entry Dt/Tm	: 4/7/03@11:49	Claim Status	: PROCESSED
Entered By	:	Insurance Seq	: PRIMARY
Patient Name	: DOE,WILLIAM S	Pt. Relation	: PATIENT
Insured ID	: 123456789		
PAYER INFORMATION:			
Payer Name	: AETNA	Payer Id	: 123456789
ICN	: 1118883330005		
CLAIM LEVEL PAY STATUS:			
Tot Submitted Chrg:	30.17	Covered Amt	: 0.00
Payer Paid Amt	: 0.00	Patient Resp. Amt	: 30.17
CLAIM LEVEL ADJUSTMENTS:			
NONE			
LINE LEVEL ADJUSTMENTS:			
#	SV DT	REVCD	PROC MOD UNITS BILLED DEDUCT COINS ALLOW
PYMT			
1	01/23/03		99212 1 30.17 0.00 0.00 0.00
0.00			
ADJ: PR 27 Expenses incurred after coverage terminated.			
ADJ AMT: 30.17			

The other EEOB Worklist/Scratch Pad Actions are self-explanatory.

3.3.2. Research Menu Actions

The Research Menu provides access to functionality necessary to process ERAs. It can be accessed from the EEOB Worklist/Scratchpad to facilitate business process. Links to the following existing AR functions are available.

Release Hold	Releases 1 st party Cat C/RX charges on hold to the patient
Adjustment (Inc/Dec)	Decreases or increases 1 st party or 3 rd party claims, as appropriate (same guidelines as prior to EDI.). Default here will be decrease.
Full Account Profile	This option will display a full account profile of all bills for a debtor regardless of the status of the bill.
Patient Charge Maintenance	Option used to create Cat C charges when you have determined the patient SHOULD have been billed and the IB (billing) package failed to create the charge. (Limited access to this option – a key is needed.)
TPJI	Functionality has not changed.
On Hold List	This report will list all charges identified as once being ON HOLD that currently have a status of BILLED and the DATE LAST UPDATED falls within the date range you specify.
Claim Match Report	Used to research 1 st party Cat C/RX bill number, associated with insurance bill number – matches the DOS.
Bill Comment Log	Allows user to document any necessary and pertinent information on a 3P bill.

3.3.3. Example of processing a Paper Check and ERA

VAMC received a paper check from Aetna, a payer who sends Electronic Remittance Advices (ERAs). Begin by selecting the EEOB Worklist option.

```
Select EDI Lockbox Option: WL EEOB Worklist
SELECT PARAMETERS FOR SELECTING AN ERA

ERA POSTING STATUS: UNPOSTED//

ERA-EFT MATCH STATUS: BOTH// NOT MATCHED

LIMIT THE SELECTION TO A DATE RANGE WHEN THE ERA WAS RECEIVED?: NO//

Select ELECTRONIC REMITTANCE ADVICE ENTRY: 05595-0395203803952038 6 05595-
03952038 03-06-03 509.61 Aetna/US Healthcare UNMATCHED
```

The paper check (05595-03952038) matches the ERA Trace # and the check amount received from the Payer.

No Worklist currently exists for this ERA. Create one now.

NO WORKLIST SCRATCH PAD ENTRY EXISTS FOR THIS ERA
DO YOU WANT TO CREATE ONE NOW?: NO// YES

NO PAYMENT METHOD CODE REPORTED

THIS ERA DOES NOT HAVE A MATCHING EFT
ENTER THE NUMBER OF THE PAPER CHECK YOU RECEIVED FOR THIS ERA: 05595-03952038// <RET>

DATE OF CHECK: 3/6/03// <RET> (MAR 06, 2003)

CHECK BANK/ROUTING #: 123456 AETNA

ERA #6 (TRACE #:05595-03952038) MATCHED TO PAPER CHECK 05595-03952038
IS THIS CORRECT?: YES// <RET>

ORDER OF PAYMENTS: NO ORDER// L ZERO-PAYMENTS LAST

Verify the paper check number is correct. The date on the check should match the date listed in VistA. If it does not match, correct the VistA date to match the paper check. Enter the Check Bank/ Routing number as station policy dictates. Again, verify the information is correct. Select the order of the Payments. In this case, select L to push the zero payment EEOBs to the bottom of the Worklist.

EEOB Worklist/Scratch Pad Sep 11, 2003@13:24:20 Page: 1 of 2
ERA Entry #: 5 Payer Name/ID: Aetna/US Healthcare/1953402799
Total Amt Pd: 509.61 PAPER CHECK #: 05595-03952038

1 EEOB Seq # On ERA: 3 Net Payment Amt: 509.61
1.001 Claim #: K3028AT Patient/Last 4: DOE,STEVEN/1124
 Claim Bal: 559.61 Billed Amt: 559.61 Amt To Post: 509.61
 Svc Dt: 2/4/03 COB: NO Rx Copay: NON-EXEMPT Means Tst: NO
 Payment Amt: 509.61 Total Adjustments: 0.00 Net: 509.61

2 EEOB Seq # On ERA: 1 Net Payment Amt: 0.00
2.001 Claim #: K3024BQ Patient/Last 4: SMITH,JOSEPH R/1111
 Claim Bal: 0.00 Billed Amt: 19.47 Amt To Post: 0.00
 Svc Dt: 1/27/03 COB: NO Rx Copay: NON-EXEMPT Means Tst: ??
 Payment Amt: 0.00 Total Adjustments: 0.00 Net: 0.00

+ Enter ?? for more actions.....
 Split/Edit A Line Research Menu EEOB View/Print EEOB
 Distribute Adj Amts Preview Receipt ERA View/Print ERA
 Refresh Scratch Pad Review Line Exit
Select Action: Next Screen// EEOB View/Print EEOB

3.3.3.1.Process EEOB Line Items

In order to process line item #1, select the Research Menu action to access Third Party Joint Inquiry (TPJI) to confirm this payment is correct for this claim.

Select Action: Next Screen// **BC** Bill Charges

DO YOU WANT ALL EEOB DETAILS?: NO// **YES**

>>

EEOB/MRA Information (1 OF 1)

EOB Type: NORMAL EOB	
ICN: 830629285574	Patient Resp Amount: 50.00
Payer Name: AETNA	Total Allowed Amount: 0.00
EOB Date: Mar 06, 2003	Total Submitted Charges: 559.61
	Reported Payment Amt: 509.61

.
.
.

Bill #: 603-K3028AT
Adjustment Group Code: PR
Adjustment Reason Code: 3
Adjustment Amount: 50.00
Quantity: 0
Reason Code Text: Co-payment Amount

Select Bill Charges from within TPJI to view the EEOB Details for this claim. Scrolling down to the bottom of the EEOB information shows the Payer adjusted this payment by \$50.00 for the patient's insurance copayment amount.

3.3.3.2.Create Receipt

After all of the EEOB lines have been reviewed and verified as correct, it is time to create the receipt for these payments. Select PR Preview Receipt from the EEOB Worklist/Scratch Pad screen.

EEOB WORKLIST PREVIEW RECEIPT Oct 07, 2003@15:09:36 Page: 1 of 1
ERA Entry #: 6 Payer Name/ID: Aetna/US Healthcare/1953402799
Total Amt Pd: 509.61 PAPER CHECK #: 05595-03952038

LINE #	ACCOUNT	AMOUNT
PAYMENTS (LINES FOR RECEIPT):		
2.001	603-K3028AT	509.61
ZERO DOLLAR PAYMENTS:		
1.001	603-K3024BQ	0.00
3.001	603-K3028CA	0.00

Enter ?? for more actions.....

Print Receipt Preview Create Receipt Exit
Select Action: Quit//

The preview screen is divided into two sections. The top contains the line items and payment information. The bottom section lists all of the zero-dollar payments. Zero-dollar payments can be “worked” using AR options or from within the Worklist.

The Create Receipt action will create the receipt the lines on the ERA that contain payments and those lines used to offset negative payment on this ERA. The EEOB Worklist can no longer be used to adjust any of the line items once the receipt is created.

THIS ACTION WILL CREATE THE RECEIPT FOR THIS ERA. ONCE THE RECEIPT IS CREATED HERE, NO MORE AUTOMATIC ADJUSTMENTS MAY BE MADE FOR THIS ERA.

ARE YOU SURE YOU ARE READY TO CREATE THIS RECEIPT?: NO// YES

Select AR DEPOSIT TICKET #: **1234456** 03-10-03 JONES, KEITH E
\$0.00 OPEN

ARE YOU SURE YOU WANT TO USE THIS DEPOSIT?: NO// YES

RECEIPT **E03100700** HAS BEEN CREATED FOR THIS ERA

DO YOU WANT TO GO TO RECEIPT PROCESSING NOW? YES// <RET>

Processing receipts for paper checks require the entry of an AR Deposit Ticket #. Contact the Agent Cashier for this number. The system will automatically generate a receipt number for this payment. All 3rd Party EDI Lockbox receipts will begin with the letter ‘E’. It is important to note that every ERA is assigned its own receipt number. If four ERAs are processed on a given day, then there will be four ‘E’ receipts – one for each ERA.

Receipt Profile		Oct 07, 2003@15:14:52		Page: 1 of 1	
Receipt #: E03100700		Type of Payment: CHECK/MO PAYMENT			
Deposit #: 135200		ERA #: 6	Receipt Status: OPEN		
FMS Document: NOTSENT		FMS Doc Status: NOT ENTERED			
#	Account	Pay Date	By	Pay Amt	Proc Amt
1	603-K3028AT	10/07/03	EG	509.61	0.00
				-----	-----
TOTAL DOLLARS FOR RECEIPT				509.61	0.00

Receipt History

Opened By: WELLS, JAMES	Date/Time	Opened: MAR 10, 2003
Last Edit By:	Date/Time	Last Edit:
Processed By:	Date/Time	Processed:

Enter ?? for more actions.....

NP New Payment	AP Account Profile	PR Process Receipt
EP Edit Payment	RR Reprint Receipt	21 (215 Report)
CP Cancel Payment	WL Worklist (ERA)	EA Exit Action
MP Move Payment	CU Customize	CR Entered Online
	ER Edit Receipt	

Select Action: Quit//

The Receipt Profile screen is the same screen used when the option Receipt Processing is selected. All of the payment line items automatically transfer to this screen. No additional data entry is required to input these claim numbers and payment amounts. Process this receipt as normal to complete processing a Paper Check and ERA. The following condition must be met before the receipt can be fully processed to FMS:

- a. The total on the receipt must be equal to the total reported on the ERA.

When the above condition is met, select the PROCESS RECEIPT action. The system will:

- a) Generate the decrease adjustment for any distributed adjustments made to the payments on the Worklist AND add any related bill comments to the Bill record in AR.
- b) If the receipt passes the normal edits for posting, the system will post payments to your AR and then generate and transmit the appropriate CR document to FMS for these payments.

3.3.4. Example of processing a matched ERA and EFT

VAMC received an Electronic Funds Transfer (EFT) from Aetna, a payer who sends both EFTS and ERAs. Begin by selecting the EEOB Worklist option.

Select EDI Lockbox Option: **WL** EEOB Worklist
SELECT PARAMETERS FOR SELECTING AN ERA

ERA POSTING STATUS: UNPOSTED//

ERA-EFT MATCH STATUS: BOTH// **MATCHED**

LIMIT THE SELECTION TO A DATE RANGE WHEN THE ERA WAS RECEIVED?: NO//

Select ELECTRONIC REMITTANCE ADVICE ENTRY: ??

The EFT payment was automatically matched with the ERA during the AR nightly job.

Double question mark at the Select ELECTRONIC REMITTANCE ADVICE ENTRY: prompt to see all of the Unposted and Matched ERAs ready to be processed.

Select ELECTRONIC REMITTANCE ADVICE ENTRY: **25** 05507-93865859 03-10-03
79.55 Aetna/US Healthcare **MATCHED**

NO WORKLIST SCRATCH PAD ENTRY EXISTS FOR THIS ERA
DO YOU WANT TO CREATE ONE NOW?: NO// **YES**

NO PAYMENT METHOD CODE REPORTED

ORDER OF PAYMENTS: NO ORDER//

ERA #25 was selected. The EFT Trace # 05507-93865859 was received from the Payer. Note that no check information is required. The EFT payment was already deposited into US Treasury, account MCCR RSC 5287.4/8NZZ for the VA.

If no Worklist entry currently exists for this ERA, create one now.

EEOB Worklist/Scratch Pad		Oct 07, 2003@15:52:17	Page: 1 of 2
ERA Entry #: 25		Payer Name/ID: Aetna/US Healthcare/1953402799	
Total Amt Pd: 79.55		EFT #/TRACE #: 3/05507-93865859	

1	EEOB Seq # On ERA: 1	Net Payment Amt: 47.26
1.001	Claim #: K301XCZ Patient/Last 4: DOE,JOHN V/6666	
	Claim Bal: 236.31 Billed Amt: 236.31 Amt To Post: 47.26	
	Svc Dt: 1/15/03 COB: NO Rx Copay: NON-EXEMPT Means Tst: NO	
	Payment Amt: 47.26 Total Adjustments: 0.00 Net: 47.26	

.....

2	EEOB Seq # On ERA: 2	Net Payment Amt: 32.29
2.001	Claim #: K30231Y Patient/Last 4: SMITH,THOMAS/3333	
	Claim Bal: 161.46 Billed Amt: 161.46 Amt To Post: 32.29	
	Svc Dt: 7/26/02 COB: NO Rx Copay: NON-EXEMPT Means Tst: NO	
	Payment Amt: 32.29 Total Adjustments: 0.00 Net: 32.29	

.....

+ Enter ?? for more actions.....		
Split/Edit A Line	Research Menu	EOB View/Print EEOB
Distribute Adj Amts	Preview Receipt	ERA View/Print ERA
Refresh Scratch Pad	Review Line	Exit
Select Action: Next Screen//		

The header of the EEOB Worklist/Scratch Pad screen shows the EFT #/Trace # instead of the number from the paper check.

Processing of an EFT/ERA is no different than processing an ERA and Paper Check. Perform the necessary reviews and processing for each claim.

3.3.4.1.Create Receipt

After all of the EEOB lines have been reviewed and processed, it is time to create the receipt for these payments. Select PR Preview Receipt from the EEOB Worklist/Scratch Pad screen.

EEOB WORKLIST PREVIEW RECEIPT		Oct 07, 2003@16:20:17	Page: 1 of 1
ERA Entry #: 25		Payer Name/ID: Aetna/US Healthcare/1953402799	
Total Amt Pd: 79.55		EFT #/TRACE #: 3/05507-93865859	

LINE #	ACCOUNT	AMOUNT
PAYMENTS (LINES FOR RECEIPT):		
1.001	603-K301XCZ	47.26
2.001	603-K30231Y	32.29
ZERO DOLLAR PAYMENTS:		
3.001	603-K3028CY	0.00

Enter ?? for more actions.....		
Print Receipt Preview	Create Receipt	Exit

Select Action: Quit//

The preview screen is divided into two sections. The top contains the line items and payment information. The bottom section lists all of the zero-dollar payments. Zero-dollar payments can be “worked” using AR options or from within the Worklist.

The Create Receipt action will create the receipt for the lines on the ERA that contain payments and those lines used to offset negative payments on this ERA. The EEOB Worklist can no longer be used to adjust any of the line items once the receipt is created.

THIS ACTION WILL CREATE THE RECEIPT FOR THIS ERA. ONCE THE RECEIPT IS CREATED HERE, NO MORE AUTOMATIC ADJUSTMENTS MAY BE MADE FOR THIS ERA.

ARE YOU SURE YOU ARE READY TO CREATE THIS RECEIPT?: NO// YES

RECEIPT E03100701 HAS BEEN CREATED FOR THIS ERA
DO YOU WANT TO GO TO RECEIPT PROCESSING NOW? YES//

Processing receipts for EFTs does **not** require or allow the entry of an AR Deposit Ticket #. Remember, The EFT payment was already deposited into US Treasury for the VA. As with the receipt for a paper check, the system will automatically generate a receipt number for this payment. All 3rd Party EDI Lockbox receipts will begin with the letter ‘E’. It is important to note that every ERA is assigned its own receipt number. If four ERAs are processed on a given day, then there will be four ‘E’ receipts – one for each ERA.

ER Edit Receipt

Receipt Profile		Oct 07, 2003@16:24:41	Page:	1 of	1
Receipt #: E03100701		Type of Payment: EDI LOCKBOX			
EFT Detail #: 3 VETERAN		ERA #: 25	Receipt Status: OPEN		
FMS Document: NOTSENT		FMS Doc Status: NOT ENTERED			
#	Account	Pay Date	By	Pay Amt	Proc Amt
1	603-K301XCZ	10/07/03	EG	47.26	0.00
2	603-K30231Y	10/07/03	EG	32.29	0.00
				-----	-----
TOTAL DOLLARS FOR RECEIPT				79.55	0.00

Receipt History

Opened By: WELLS, JAMES	Date/Time	Opened: MAR 10, 2003
Last Edit By:	Date/Time	Last Edit:
Processed By:	Date/Time	Processed:

Enter ?? for more actions.....

NP New Payment	AP Account Profile	PR Process Receipt
EP Edit Payment	RR Reprint Receipt	21 (215 Report)
CP Cancel Payment	WL Worklist (ERA)	EA Exit Action
MP Move Payment	CU Customize	CR Entered Online
	ER Edit Receipt	
Select Action: Quit//	QUIT	

The Receipt Profile screen is the same screen as you would see for Receipt Processing. Instead of a Deposit Ticket #, the EFT Detail and ERA # will display. The Type of Payment indicates EDI LOCKBOX. All of the payment line items automatically transfer to this screen. No additional data entry is required to input these claim numbers and payment amounts. Process the receipt as normal. The following conditions must be met before the receipt can be fully processed to FMS:

- a. An ERA receipt **cannot** be processed if the EFT receipt for the EFT related to this ERA has not yet been recorded in FMS and confirmed as ACCEPTED in VistA. Wait until the FMS document for the EFT deposit has reached this status in VistA before processing the ERA related to the EFT.
- b. If there is an error on the EFT where the checksum was determined to be invalid, the receipt **cannot** be processed until the EDI Lockbox checksum exception is cleared on the EFT transmission
- c. If the total of the receipt is not the same as the total reported on the EFT, the receipt **cannot** be processed.
- d. A receipt for an ERA related to an EFT **cannot** have a deposit associated with it.

When the above conditions have been met, and you select PROCESS RECEIPT, the system will:

- a) Generate the decrease adjustments for any distributed adjustments made to the payments in the Worklist and add any related bill comments to the bills.
- b) If the receipt passes the normal edits for posting, it will post the payments to your A/R and will generate and transmit the appropriate TR document to FMS for these payments. The TR documents will transfer the payment amounts from the Fund 5287.4, Revenue Source Code 8NZZ account (where it was placed by the CR generated when the EFT was recorded) into the correct General Ledger accounts for the claims on the ERA.

4. FMS Look-up

4.1. EFT Deposits

To view a copy of the CR code sheet on the CRLT table, enter the transaction code (CR) and the CR number. This screen shows the Fund and RSC the money dropped into in FMS. For this example, the CR number is 555K4A000C:

```

ACTION: N TABLEID: CRLT USERID: S555 SLK

*** CASH RECEIPTS LINE INQUIRY SCREEN ***
KEY IS TRANS CODE, CR NUMBER, LINE
TRANS CODE: CR CR NUMBER: 555K4A000C
01-
      LINE: 001          BFYS: 04          FUND: 5287.4
      STATION/SAT: 555    FCP/PRJ:          JOB NO:
      COST CTR/SUB:      BOC/SUB:          REPT CATG:
      REV SRCE/SUB: 8NZZ  CLSD BFYS:        CLSD FUND:
      GL ACCOUNT:        TRANS TYPE: 23     TRAVEL TYPE:
VENDOR/PROVIDER: MCCFVALUE      UNAPPLIED DEPOSIT NO:
      AMOUNT:          1,480.00          CHECK NUMBER:
      REF TC:          REF DOC NO:        REF LINE:
      ADV:            ADVANCE NO:        ADV IND:
AGREEMENT NO:          ACTION OUT:
DESCRIPTION:
  
```

View the GLDB table to see all deposits into the GL ACCT and RSC for approximately 2 months. For this table, select the FY, BFY, FUND, GL ACCT, AD/OF, STN, and RSC.

ACTION: R TABLEID: GLDB USERID: S570 SLK									
*** GENERAL LEDGER DETAIL BALANCE INQUIRY SCREEN ***									
FY	BFY	FUND	GL ACCT	AD/OF	STN	COST CTR	FCP/PRJ	BOC/REV SRCE	TYPE
04	04	5287.4	1029	10	570			8NZZ	01
TRANS ID	DATE	FM	REF DOCUMENT	VENDOR		VENDOR INV #		AMT	
CR555K4A000C	031003	01				MCCFVALUE		1,480.00	
CR555K4A000H	031004	01				MCCFVALUE		428.34	
CR555K4A000Q	031007	01				MCCFVALUE		37.64	
CR555K4A0001	031002	01				MCCFVALUE		1,084.95	

All transfers in from CR Documents will show up under GL ACCT 1029. All transfers, from the TR documents will show up on this table under the GL ACCT 1030.

Key:

FY	Fiscal Year
BFY	Budget Fiscal Year
FUND	Fund
GL ACCT	General Ledger Acct
AD/OF	Administrative Office
STN	Station
BOC/REV SRCE	Revenue Source Code

5. Additional Functionality

5.1. Auto-Audit

New functionality is included with the 3rd Party EDI Lockbox patch. It allows EDI claims to automatically be audited and assigned an active status. Integrated Billing was modified to update AR whenever an EDI electronic status message is received for a bill that corresponds to one of these statuses:

- A3** CLAIM SENT FOR ALL PAYER ROUTING
- AC** CLAIM FORWARDED TO PRINT CENTER
- A7** CLAIM SENT TO PAYER, NO FURTHER UPDATES TO FOLLOW
- A8** CLAIM SENT TO PAYER
- AA** CLAIM RECEIVED, PRINTED AND MAILED BY PRINT CENTER
- 2P** CLAIM ACCEPTED BY CLEARINGHOUSE- NO FURTHER UPDATES TO FOLLOW
- 10** Claim sent to Payer
- 11** Claim sent to Payer

The auto-audit function must be made active by using the **Update Rate Types For Auto-audit** option located in the Supervisor's AR Menu. Once the rate type is selected, answer YES to the prompt AUTO-AUDIT? Then enter the appropriate Bill Resulting From reason must be selected. This reason will be assigned to every EDI claim for this rate type that is auto-audited by the system. To turn off auto-audit for a rate type, select the option, enter the rate type and answer NO to the prompt AUTO-AUDIT?. This deletes the Bill Resulting From field from for the rate type selected and from that point on, no more bills having that rate type will be auto-audited.

5.1.1. Update Rate Types For Auto-audit

To activate auto-audit for EDI claims within a particular rate type proceed with the following selections:

```
Select Supervisor's AR Menu Option: Update Rate Types For Auto-audit

Select RATE TYPE NAME: ??
Choose from:
1          CRIME VICTIM  Who's Responsible: INSURER
2          DENTAL       Who's Responsible: PATIENT
3          HUMANITARIAN Who's Responsible: PATIENT
4          INTERAGENCY  Who's Responsible: INSURER
5          MEANS TEST   Who's Responsible: PATIENT
6          MEDICARE ESRD Who's Responsible: OTHER (INSTITUTION)
7          NO FAULT INS. Who's Responsible: INSURER
8          REIMBURSABLE INS. Who's Responsible: INSURER
9          SHARING AGREEMENT Who's Responsible: OTHER (INSTITUTION)
10         TORT FEASOR  Who's Responsible: INSURER
11         WORKERS' COMP. Who's Responsible: INSURER
12         CHAMPVA REIMB.INS. Who's Responsible: INSURER
.
Select RATE TYPE NAME: REIMBURSABLE INS.      Who's Responsible: INSURER
```

AUTO-AUDIT?: NO// YES BILL RESULTING FROM: HI HEALTH INSURANCE 3RD PARTY BILLING ...OK? Yes// <RET>

5.2. Automatic Match EFTs to ERAs

Synonym: MA

This option manually starts the routine that runs as part of the normal nightly processing. Only select this option if you need to initiate the process of matching the 3rd Party Lockbox EFT records that have not yet been matched to the electronic ERAs currently on file. The process must be queued and only one of these processes can be running at any given time.

5.3. Manual Match EFT-ERA

Synonym: MM

This option allows the user to manually match an EFT detail record and an ERA record and will mark the 2 records as matched. Use this option *only* if the automatic matching function is not able to make the match. The EFT and ERA selected must both be unmatched and the ERA must not be associated with a receipt. This action may be necessary if the Trace Numbers or Insurance Company Ids do not match on the 2 records, but the payer has confirmed they are indeed supposed to be matched.

5.4. Mark Ø-Balance EFT Matched

Synonym: ZB

There may be times when an EFT is received with a zero payment and has a paper EEOB associated with it. This option allows the user to select an EFT detail record and mark it as matched to a paper EEOB. This removes it from the EFT UNMATCHED AGING REPORT.

5.5. Move ERA Total to Suspense

Synonym: MO

It is possible that situations can occur where posting of the EFT detail from an ERA cannot be done in receipt processing. This function allows the user remove the payment from the fund 5287.4/RSC 8NZZ, and moves these funds to Suspense. The ERA record must be matched to an EFT and may not already have a receipt attached to it. The option forces a 'TR' document to be generated from the EDI Lockbox deposit account to the suspense account. NO posting to individual claims in AR are accomplished by this option - postings must be entered manually via the Link Payment option. FMS is updated *only* if there is a payment indicated on the EFT.

5.6. Unmatch an ERA

Synonym: UN

If an ERA has been marked with a match status in error, this option allows it to be marked as unmatched again. Only select an ERA that was previously marked as matched and that has had no receipt created for it yet. If the Worklist entry has been created, it will be deleted before it allows the unmatch to occur. If the ERA was matched to an EFT, the EFT will be remarked as unmatched too.

5.7. Update ERA Posted using Paper EOB

Synonym: UP

When Payers first come on-line with the 3rd Party EDI Lockbox functions it is possible for a facility to receive both EEOB data and paper EOBs at the same time. As a result, there may be times when the EOB data gets posted from the paper EOB to AR and FMS without referencing

the ERA. In this situation, the ERA will indicate it is unposted. Use this option to mark the ERA as POSTED. It requires entering the receipt # used to post the paper EOB information.

6. Reports

The option **REP EDI Lockbox Reports Menu...** contains a menu of various EDI Lockbox Reports:

DA	Daily Activity Report
TR	EE0B Transfer Reports
EFT	EFT Aging Report
ERA	ERA Aging Report
UN	Unapplied EFT Deposits Report

6.1. Daily Activity Report

Synonym: DA

The Summary Daily Activity Report is the same as the report sent via Mailman to the RCDPE PAYMENTS mail group as part of the nightly job. It provides total data on all EFT deposit. The report can be run on-demand with detail by date or just the summary data for the date range. Detail format provides a detailed list of all EFT deposits received within the selected date range and the corresponding EFT payments from the payers comprising each deposit. The following information appears on the Daily Activity Statement.

- Deposit Ticket Information – including deposit number, date received, trace #, who payment was from
- Total dollars posted to FUND 5287.4/Revenue Source Code 8NZZ.

6.1.1. When to run this report

Print the Daily Activity Report on an as-needed basis to monitor electronic funds deposited to the US Treasury that are associated with your site.

6.1.2. How to run this report

To run the Daily Activity Report in detail proceed through the following steps:

Select EDI Lockbox Reports Menu Option - **DA** Daily Activity Report

(S)UMMARY OR (D)ETAIL?: D// <RET> ETAIL AND TOTALS

START DATE: T-10 (APR 28, 2003)

END DATE: APR 28,2003// T (MAY 08, 2003)

DEVICE: HOME// <RET> LAT DECSERVER Right Margin: 80// <RET>

EDI LOCKBOX DAILY ACTIVITY DETAIL REPORT						Page: 1
RUN DATE: 5/8/03						
DATE RANGE SELECTED: 5/7/03-5/7/03						
DEP #	DEPOSIT DT	ACH TRACE #	DEP AMOUNT	FMS DEPOSIT STAT		
EFT PAYER TRACE #		DATE PD	PAYMENT AMOUNT	ERA MATCH STATUS		
PAYMENT FROM			DEP RECEIPT #	DEP RECEIPT STATUS		
=====						
DATE EFT DEPOSIT RECEIVED: 5/7/03						
469005	4/8/03	0430000900000001	352.76	QUEUED		
	08202-70675626	3/6/03	352.76	MATCHED WITH ERRORS		
	Aetna/US Healthcare/1953402799 25121			QUEUED		
469002	4/2/03	0430000900000001	570.78	QUEUED		
	05507-93781270	3/24/03	570.78	MATCHED		
	VETERANS ADMIN/1953402799 25121			QUEUED		
.						
Enter RETURN to continue or ^^ to exit:						

To run the Daily Activity Report in summary proceed through the following steps:

Select EDI Lockbox Reports Menu Option - **DA** Daily Activity Report

(S)UMMARY OR (D)ETAIL?: D// **SUMMARY TOTALS ONLY**

START DATE: **MAY 7, 2003**

END DATE: MAY 08, 2003// **MAY 07, 2003**

DEVICE: HOME// <RET> LAT DECSERVER Right Margin: 80// <RET>

EDI LOCKBOX DAILY ACTIVITY SUMMARY REPORT		Page: 1
RUN DATE: 5/8/03		
DATE RANGE SELECTED: 5/7/03-5/7/03		
=====		
**TOTALS FOR DATE: 5/7/03	# OF DEPOSIT TICKETS RECEIVED: 14	
TOTAL AMOUNT OF DEPOSITS RECEIVED: \$9891.79		
DEPOSIT AMOUNTS SENT TO FMS:		
ACCEPTED: \$0.00		
QUEUED: \$9892.79		
ERROR/REJECT: \$0.00		
NOT IN FMS: \$0.00		
# EFT PAYMENT RECORDS: 14		
# EFT PAYMENTS MATCHED: 7		
MATCHED PAYMENT AMOUNT POSTED: \$0.00		
Enter RETURN to continue or ^^ to exit:		

6.2. EEOB Transfer Reports

Synonym: TR

This option provides the ability to produce one or both of the EEOB Transfer reports. The TRANSFER IN Report lists all those EEOBs that were transferred into your site from another site who had received it in error. The TRANSFER OUT report lists all those EEOBs that your site sent to another site because they were received in error.

6.2.1. When to run this report

Run the EEOB Transfer Reports on an as-needed basis to monitor electronic EEOBs transferred to and from your site. Remember, members of the RCDPE PAYMENTS mail group are notified when an EEOB is transferred to your site from another VAMC.

6.2.2. How to run this report

To run the EEOB Transfer Report to see EEOBs transferred OUT to another VAMC proceed through the following steps:

```
Select EDI Lockbox Reports Menu Option: TR  EEOB Transfer Reports
SELECT REPORT:  (I/O/B): ? (to view options)
Enter a code from the list.
    Select one of the following:
        I    TRANSFER IN REPORT
        O    TRANSFER OUT REPORT
        B    BOTH REPORTS

SELECT REPORT:  (I/O/B): O  TRANSFER OUT REPORT
START DATE: T-10  (MAR 28, 2003)
END DATE: T  (APR 07, 2003)
DEVICE: HOME// <RET>  LAT DECSERVER    Right Margin: 80// <RET>
```

```

                                EDI LOCKBOX EEOBs TRANSFERRED OUT REPORT                                Page: 1
                                RUN DATE: 10/10/03
DATE RANGE SELECTED: 10/3/03-10/10/03

BILL #          TRANS DT  TRANS TO          EEOB DATE  AMT PAID      STATUS
=====
603636477      10/9/03    LEXINGTON-LD VAMC      4/30/03     287.29      NOT REC'D

TOTAL # EEOBs NOT CONFIRMED AS 'RECEIVED' BY OTHER SITES: 1
TOTAL # EEOBs STILL JUST 'RECEIVED' BY OTHER SITES: 0
TOTAL # EEOBs ACCEPTED BY OTHER SITES: 0
TOTAL # EEOBs NOT ACCEPTED BY OTHER SITES: 0

Enter RETURN to continue or '^' to exit:
```

6.3. EFT Unmatched Aging Report Synonym: EFT

The EFT Unmatched Aging Report contains a list of all Electronic Funds Transfer (EFT) records that have not been successfully matched to ERAs or to paper EOBs within the user-specified number of days. Within EDI Lockbox Site Parameters, each site can set the number of days an

EFT should wait before appearing on this report. The report can be run with details such as the error log and update history for each record, or in summary.

6.3.1. When to run this report

Print the EFT Unmatched Aging Report on a regular basis, as determined by your site, to monitor outstanding electronic funds requiring a match to an ERA or even a paper EEOB. It can be run in Summary or Detail. The detailed screen report will indicate error messages and other relevant information not shown in the summary report.

6.3.2. How to run this report

To run the summary EFT Unmatched Aging Report proceed with the following selections:

Select EDI Lockbox Reports Menu Option: **EFT** EFT Unmatched Aging Report

Enter the minimum # of days elapsed before including on report (0-1000): 5//
DO YOU WANT (S)UMMARY OR (D)ETAIL?: SUMMARY// **<RET>**
DEVICE: HOME// **<RET>** HOME

EDI LOCKBOX EFT UNMATCHED AGING SUMMARY REPORT					Page: 1
MINIMUM DAYS NOT MATCHED FOR AGING: 5					
RUN DATE: 3/30/03					
AGED DAYS	TRACE #	DEPOSIT FROM/ID			DEP DATE
	FILE DATE	DEPOSIT AMOUNT	DEP #	DEPOSIT POST STATUS	
=====					
3	090318031000020	VETERANS ADMIN/1953402799			3/25/03
	10/7/03	0.00 469007	NOT POSTED TO 8NZZ		
3	00504-80704920	VETERANS ADMIN/1953402799			3/25/03
	10/7/03	36.91 469015	POSTED TO 8NZZ ON 10/7/03		
3	008578660	HUMANA INC./1610647538			4/11/03
	10/7/03	10578.15 469010	POSTED TO 8NZZ ON 10/7/03		
3	008578663	HUMANA INC./1610647538			4/8/03
	10/7/03	4064.00 469009	POSTED TO 8NZZ ON 10/7/03		
TOTALS:					
NUMBER AGED ELECTRONIC EFT MESSAGES FOUND: 4					
AMOUNT AGED ELECTRONIC EFT MESSAGES FOUND: 14679.06					
Enter RETURN to continue or '^' to exit:					

To run the detailed EFT Unmatched Aging Report proceed with the following selections:

Select EDI Lockbox Reports Menu Option: **EFT** EFT Unmatched Aging Report

Enter the minimum # of days elapsed before including on report (0-1000): 5//
DO YOU WANT (S)UMMARY OR (D)ETAIL?: SUMMARY// **DETAIL**
DEVICE: HOME// **<RET>** HOME

EDI LOCKBOX EFT UNMATCHED AGING DETAIL REPORT						Page: 1
MINIMUM DAYS NOT MATCHED FOR AGING: 5						
RUN DATE: 3/30/03						
AGED DAYS	TRACE #	DEPOSIT FROM/ID				DEP DATE
	FILE DATE	DEPOSIT AMOUNT	DEP #	DEPOSIT POST STATUS		
=====						
3	090318031000020 10/7/03	VETERANS ADMIN/1953402799 0.00	469007	NOT POSTED TO 8NZZ		3/25/03
3	00504-80704920 10/7/03	VETERANS ADMIN/1953402799 36.91	469015	POSTED TO 8NZZ ON 10/7/03		3/25/03
3	008578660 10/7/03	HUMANA INC./1610647538 10578.15	469010	POSTED TO 8NZZ ON 10/7/03		4/11/03
3	008578663 10/7/03	HUMANA INC./1610647538 4064.00	469009	POSTED TO 8NZZ ON 10/7/03		4/8/03
TOTALS:						
NUMBER AGED ELECTRONIC EFT MESSAGES FOUND: 4						
AMOUNT AGED ELECTRONIC EFT MESSAGES FOUND: 14679.06						

6.4. ERA Unmatched Aging Report

Synonym : ERA

This option produces the ERA aging report containing a list of all Electronic Remittance Advice (ERA) records that have not been successfully matched to electronic EFTs within the user-specified number of days. Within EDI Lockbox Site Parameters, each site can set the number of days an ERA should wait before appearing on this report. The report can be run with or without details for each record.

6.4.1. When to run this report

Print the ERA Unmatched Aging Report on a regular basis, as determined by your site, to monitor outstanding electronic remittance advices requiring a match to an EFT or paper check. It can be run in Summary or Detail. The detailed screen report will indicate error messages and other relevant information not shown in the summary report.

6.4.2. How to run this report

To run the summary EFT Unmatched Aging Report proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: ERA  ERA Unmatched Aging Report

Enter the minimum # of days elapsed before including on report (0-1000): 7//
0
DO YOU WANT (S)UMMARY OR (D)ETAIL?: SUMMARY// <RET>
DEVICE: HOME//  LAT DECSERVER  Right Margin: 80//
```

EDI LOCKBOX ERA AGING SUMMARY REPORT					Page: 1
MINIMUM DAYS FOR AGING: 7					
RUN DATE: 3/30/03					
AGED DAYS	TRACE #	PAYMENT FROM/ID			ERA DATE
	FILE DATE	AMOUNT PAID	EOB CNT	ERA #	
8	05507-93708A17	Aetna/US Healthcare/1953402799			3/20/03
	3/24/03	220.80	7	16	
8	05287-23581207	Aetna/US Healthcare/1953402799			3/23/03
	3/24/03	271.36	4	17	
** GENERAL ADJUSTMENT DATA EXISTS FOR ERA **					
REFERENCE #/BILL #: Reference Identification					
ADJUSTMENT CODE: 72 AMOUNT: -28.00					
REFERENCE #/BILL #: "Reference Identification "					
ADJUSTMENT CODE: CS AMOUNT: 28.00					
8	05507-93708826	Aetna/US Healthcare/1953402799			3/6/03
	3/24/03	524.91	9	18	
TOTALS:					
NUMBER AGED ELECTRONIC ERA MESSAGES FOUND: 3					
AMOUNT AGED ELECTRONIC ERA MESSAGES FOUND: 1017.07					

To run the DETAIL EFT Unmatched Aging Report proceed with the following selections:

Select EDI Lockbox Reports Menu Option: ERA ERA Unmatched Aging Report

Enter the minimum # of days elapsed before including on report (0-1000): 7//
0

DO YOU WANT (S)UMMARY OR (D)ETAIL?: **SUMMARY// DETAIL**

DEVICE: HOME// LAT DECSERVER Right Margin: 80//

EDI LOCKBOX ERA AGING DETAIL REPORT					Page: 1
MINIMUM DAYS FOR AGING: 7					
RUN DATE: 3/30/03					
AGED DAYS	TRACE #	PAYMENT FROM/ID			ERA DATE
	FILE DATE	AMOUNT PAID	EOB CNT	ERA #	
8	05507-93708A17	Aetna/US Healthcare/1953402799			3/20/03
	3/24/03	220.80	7	16	
	EEOB Seq #: 1	EEOB on file for K3016EL	35.10		
	EEOB Seq #: 2	EEOB on file for K3029K5	172.06		
	EEOB Seq #: 3	EEOB on file for K30243Q	0.00		
	EEOB Seq #: 4	EEOB on file for K3028J6	4.82		
	EEOB Seq #: 5	EEOB on file for K3028J8	4.10		
	EEOB Seq #: 6	EEOB on file for K3028J9	4.72		
	EEOB Seq #: 7	EEOB on file for K302C3A	0.00		

6.5. Unapplied EFT Deposits Report**Synonym: UN**

This option produces a list of EFT deposits that have EFT detail records whose funds have not been applied to bills in A/R. These funds remain in FUND 5287.4, RSC 8NZZ. Only those EFTs that have either not been matched to a receipt or have been matched to a receipt, but the receipt has not been posted to FMS will appear on this report

6.5.1. When to run this report

You will run the Unapplied EFT Deposits Report on a regular basis, as determined by your site, to monitor funds outstanding in FUND 5287.4, REVENUE SOURCE CODE 8NZZ.

6.5.2. How to run this report

To run the Unapplied EFT Deposits Report proceed with the following selections:

Select EDI Lockbox Reports Menu Option: **un** Unapplied EFT Deposits Report

Start with Deposit Date: FIRST// **<RET>**

DEVICE: HOME// **<RET>** LAT DECSERVER Right Margin: 80// **<RET>**

HOME// LAT DECSERVER Right Margin: 80//

ALL UNAPPLIED EFT PAYMENT DEPOSITS				10/10/03@11:48	PAGE: 1
DEPOSIT #	DEPOSIT DATE	TOT AMT OF DEPOSIT	TOT AMT UNPOSTED		
PAYER/ID		TRACE #	PAYMENT AMT	RECEIPT #	
ERA MATCHED			FMS DOC #/STATUS		
=====					
DEPOSIT DATE: Apr 02, 2003					
469002	4/2/03	570.78	570.78		
VETERANS ADMIN/1953402799		05507-9378127	570.78	E03040200	
MATCHED TO ERA #: 1			NO FMS DOCUMENT		
469012	4/2/03	356.28	356.28		
VETERANS ADMIN/1953402799		08202-7077263	356.28	E03040201	
UNMATCHED			NO FMS DOCUMENT		
469013	4/2/03	30.19	30.19		
VETERANS ADMIN/1953402799		08202-7077263	30.19	E03040202	
UNMATCHED			NO FMS DOCUMENT		

6.6. View/Print ERA**Synonym: VP**

This option allows you to select an ERA and print or view its contents.

6.6.1. When to run this report

This option is used on an "as needed" basis.

6.6.2. How to run this report

To run the View/Print Report proceed with the following selections:

```
Select EDI Lockbox Reports Menu Option: VP View/Print ERA
Select ELECTRONIC REMITTANCE ADVICE ENTRY: 123456TN 03-10-03 704.03
Prudential MATCHED

DO YOU WANT TO INCLUDE EXPANDED EEOB DETAIL?: NO// YES <RET>
DEVICE: HOME// HOME <RET>
```

EDI LOCKBOX WORKLIST - ERA DETAIL		10/10/03	Page: 1
=====			
ERA SUMMARY DATA			
TRACE NUMBER: 05507-93746289		INSURANCE CO ID: 1953402799	
ERA DATE: MAR 07, 2003		TOTAL AMOUNT PAID: 1165.99	
PAYMENT FROM: Aetna/US Healthcare			
FILE DATE/TIME: OCT 07, 2003@14:28:16			
EFT MATCH STATUS: MATCHED TO PAPER CHECK			
ERA TYPE: ERA		INDIVIDUAL EOB COUNT: 4	
MAIL MESSAGE: 256		CHECK #: 05507-93746289	
DETAIL POST STATUS: NOT POSTED			
ERA LEVEL ADJUSTMENTS			
REFERENCE NUMBER: Reference Identification			
ADJUSTMENT CODE: 50		ADJUSTMENT AMOUNT: -14.00	
ADJUSTMENT TEXT: These are non-covered services because this is not deemed a 'medical necessity' by the payer.			
EEOB DETAIL DATA			
SEQUENCE #: 1		EOB DETAIL: K3024C7	
AMOUNT PAID: 0		INSURANCE COMPANY ON BILL: AETNA	
AMOUNT POSTED: 0			
PATIENT: SMITH,JAMES ROY/4444		CLAIM #: 555-K3024C7	
EOB GENERAL INFORMATION:			
Type	: NORMAL EOB	EOB Paid DT	: 3/7/03
Entry Dt/Tm	: 4/7/03@11:49	Claim Status	: PROCESSED
Entered By	:	Insurance Seq	: PRIMARY
Patient Name	: SMITH,JAMES ROY	Pt. Relation	: PATIENT
Insured ID	: 000004444		
PAYER INFORMATION:			
Payer Name	: AETNA	Payer Id	: 000004444
ICN	: 6230659225939		

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7. APPENDIX A – Adjustment Reason Codes

Health Care Claim Adjustment Reason Codes

	Description	Note
1	Deductible Amount	
2	Coinsurance Amount	
3	Co-payment Amount	
4	The procedure code is inconsistent with the modifier used or a required modifier is missing.	
5	The procedure code/bill type is inconsistent with the place of service.	
6	The procedure/revenue code is inconsistent with the patient's age.	Changed as of 6/02
7	The procedure/revenue code is inconsistent with the patient's gender.	Changed as of 6/02
8	The procedure code is inconsistent with the provider type/specialty (taxonomy).	Changed as of 6/02
9	The diagnosis is inconsistent with the patient's age.	
10	The diagnosis is inconsistent with the patient's gender.	Changed as of 2/00
11	The diagnosis is inconsistent with the procedure.	
12	The diagnosis is inconsistent with the provider type.	
13	The date of death precedes the date of service.	
14	The date of birth follows the date of service.	
15	Payment adjusted because the submitted authorization number is missing, invalid, or does not apply to the billed services or provider.	Changed as of 2/01
16	Claim/service lacks information that is needed for adjudication. Additional information is supplied using remittance advice remarks codes whenever appropriate	Changed as of 2/02
17	Payment adjusted because requested information was not provided or was insufficient/incomplete. Additional information is supplied using the remittance advice remarks codes whenever appropriate.	Changed as of 2/02
18	Duplicate claim/service.	

19	Claim denied because this is a work-related injury/illness and thus the liability of the Worker's Compensation Carrier.	
20	Claim denied because this injury/illness is covered by the liability carrier.	
21	Claim denied because this injury/illness is the liability of the no-fault carrier.	
22	Payment adjusted because this care may be covered by another payer per coordination of benefits.	Changed as of 2/01
23	Payment adjusted because charges have been paid by another payer.	Changed as of 2/01
24	Payment for charges adjusted. Charges are covered under a capitation agreement/managed care plan.	Changed as of 6/00
25	Payment denied. Your Stop loss deductible has not been met.	
26	Expenses incurred prior to coverage.	
27	Expenses incurred after coverage terminated.	
28	Coverage not in effect at the time the service was provided.	Inactive for 004010, since 6/98. Redundant to codes 26&27.
29	The time limit for filing has expired.	
30	Payment adjusted because the patient has not met the required eligibility, spend down, waiting, or residency requirements.	Changed as of 2/01
31	Claim denied as patient cannot be identified as our insured.	
32	Our records indicate that this dependent is not an eligible dependent as defined.	
33	Claim denied. Insured has no dependent coverage.	
34	Claim denied. Insured has no coverage for newborns.	
35	Benefit maximum has been reached.	
36	Balance does not exceed co-payment amount.	Inactive for 003040
37	Balance does not exceed deductible.	Inactive for 003040
38	Services not provided or authorized by designated (network) providers.	
39	Services denied at the time authorization/pre-certification was requested.	

40	Charges do not meet qualifications for emergent/urgent care.	
41	Discount agreed to in Preferred Provider contract.	Inactive for 003040
42	Charges exceed our fee schedule or maximum allowable amount.	
43	Gramm-Rudman reduction.	
44	Prompt-pay discount.	
45	Charges exceed your contracted/ legislated fee arrangement.	
46	This (these) service(s) is (are) not covered.	Inactive for 004010, since 6/00. Use code 96.
47	This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	Changed as of 6/00
48	This (these) procedure(s) is (are) not covered.	Inactive for 004010, since 6/00. Use code 96.
49	These are non-covered services because this is a routine exam or screening procedure done in conjunction with a routine exam.	
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer.	
51	These are non-covered services because this is a pre-existing condition	
52	The referring/prescribing/rendering provider is not eligible to refer/prescribe/order/perform the service billed.	Changed as of 10/98
53	Services by an immediate relative or a member of the same household are not covered.	
54	Multiple physicians/assistants are not covered in this case .	
55	Claim/service denied because procedure/treatment is deemed experimental/investigational by the payer.	
56	Claim/service denied because procedure/treatment has not been deemed 'proven to be effective' by the payer.	
57	Payment denied/reduced because the payer deems the information submitted does not support this level of service, this many services, this length of service, this dosage, or this day's supply.	Changed as of 2/01
58	Payment adjusted because treatment was deemed by the payer to have been rendered in an	Changed as of 2/01

	inappropriate or invalid place of service.	
59	Charges are adjusted based on multiple surgery rules or concurrent anesthesia rules.	Changed as of 6/00
60	Charges for outpatient services with this proximity to inpatient services are not covered.	
61	Charges adjusted as penalty for failure to obtain second surgical opinion.	Changed as of 6/00
62	Payment denied/reduced for absence of, or exceeded, pre-certification/authorization.	Changed as of 2/01
63	Correction to a prior claim.	Inactive for 003040
64	Denial reversed per Medical Review.	Inactive for 003040
65	Procedure code was incorrect. This payment reflects the correct code.	Inactive for 003040
66	Blood Deductible.	
67	Lifetime reserve days. (Handled in QTY, QTY01=LA)	Inactive for 003040
68	DRG weight. (Handled in CLP12)	Inactive for 003040
69	Day outlier amount.	
70	Cost outlier - Adjustment to compensate for additional costs.	Changed as of 6/01
71	Primary Payer amount.	Deleted as of 6/00. Use code 23.
72	Coinsurance day. (Handled in QTY, QTY01=CD)	Inactive for 003040
73	Administrative days.	Inactive for 003050
74	Indirect Medical Education Adjustment.	
75	Direct Medical Education Adjustment.	
76	Disproportionate Share Adjustment.	
77	Covered days. (Handled in QTY, QTY01=CA)	Inactive for 003040
78	Non-Covered days/Room charge adjustment.	
79	Cost Report days. (Handled in MIA15)	Inactive for 003050
80	Outlier days. (Handled in QTY, QTY01=OU)	Inactive for 003050
81	Discharges.	Inactive for 003040
82	PIP days.	Inactive for 003040
83	Total visits.	Inactive for 003040
84	Capital Adjustment. (Handled in MIA)	Inactive for 003050
85	Interest amount.	
86	Statutory Adjustment.	Inactive for 004010, since 6/98. Duplicative of code 45.

87	Transfer amount.	
88	Adjustment amount represents collection against receivable created in prior overpayment.	
89	Professional fees removed from charges.	
90	Ingredient cost adjustment.	
91	Dispensing fee adjustment.	
92	Claim Paid in full.	Inactive for 003040
93	No Claim level Adjustments.	Inactive for 004010, since 2/99. In 004010, CAS at the claim level is optional.
94	Processed in Excess of charges.	
95	Benefits adjusted. Plan procedures not followed.	Changed as of 6/00
96	Non-covered charge(s).	
97	Payment is included in the allowance for another service/procedure.	Changed as of 2/99
98	The hospital must file the Medicare claim for this inpatient non-physician service.	Inactive for 003040
99	Medicare Secondary Payer Adjustment Amount.	Inactive for 003040
100	Payment made to patient/insured/responsible party.	
101	Predetermination: anticipated payment upon completion of services or claim adjudication.	Changed as of 2/99
102	Major Medical Adjustment.	
103	Provider promotional discount (e.g., Senior citizen discount).	Changed as of 6/01
104	Managed care withholding.	
105	Tax withholding.	
106	Patient payment option/election not in effect.	
107	Claim/service denied because the related or qualifying claim/service was not paid or identified on the claim.	
108	Payment adjusted because rent/purchase guidelines were not met.	Changed as of 6/02
109	Claim not covered by this payer/contractor. You must send the claim to the correct payer/contractor.	
110	Billing date predates service date.	
111	Not covered unless the provider accepts assignment.	
112	Payment adjusted as not furnished directly to the patient and/or not documented.	Changed as of 2/01

113	Payment denied because service/procedure was provided outside the United States or as a result of war.	Changed as of 2/01
114	Procedure/product not approved by the Food and Drug Administration.	
115	Payment adjusted as procedure postponed or canceled.	Changed as of 2/01
116	Payment denied. The advance indemnification notice signed by the patient did not comply with requirements.	Changed as of 2/01
117	Payment adjusted because transportation is only covered to the closest facility that can provide the necessary care.	Changed as of 2/01
118	Charges reduced for ESRD network support.	
119	Benefit maximum for this time period has been reached.	
120	Patient is covered by a managed care plan.	Inactive for 004030, since 6/99. Use code 24.
121	Indemnification adjustment.	
122	Psychiatric reduction.	
123	Payer refund due to overpayment.	Inactive for 004030, since 6/99. Refer to implementation guide for proper handling of reversals.
124	Payer refund amount - not our patient.	Inactive for 004030, since 6/99. Refer to implementation guide for proper handling of reversals.
125	Payment adjusted due to a submission/billing error(s). Additional information is supplied using the remittance advice remarks codes whenever appropriate.	Changed as of 2/02
126	Deductible -- Major Medical	New as of 2/97
127	Coinsurance -- Major Medical	New as of 2/97
128	Newborn's services are covered in the mother's Allowance.	New as of 2/97
129	Payment denied - Prior processing information appears incorrect.	Changed as of 2/01
130	Claim submission fee.	Changed as of 6/01

131	Claim specific negotiated discount.	New as of 2/97
132	Prearranged demonstration project adjustment.	New as of 2/97
133	The disposition of this claim/service is pending further review.	Changed as of 10/99
134	Technical fees removed from charges.	New as of 10/98
135	Claim denied. Interim bills cannot be processed.	New as of 10/98
136	Claim Adjusted. Plan procedures of a prior payer were not followed.	Changed as of 6/00
137	Payment/Reduction for Regulatory Surcharges, Assessments, Allowances or Health Related Taxes.	New as of 2/99
138	Claim/service denied. Appeal procedures not followed or time limits not met.	New as of 6/99
139	Contracted funding agreement - Subscriber is employed by the provider of services.	New as of 6/99
140	Patient/Insured health identification number and name do not match.	New as of 6/99
141	Claim adjustment because the claim spans eligible and ineligible periods of coverage.	Changed as of 6/00
142	Claim adjusted by the monthly Medicaid patient liability amount.	New as of 6/00
143	Portion of payment deferred.	New as of 2/01
144	Incentive adjustment, e.g. preferred product/service.	New as of 6/01
145	Premium payment withholding	New as of 6/02
146	Payment denied because the diagnosis was invalid for the date(s) of service reported.	New as of 6/02
147	Provider contracted/negotiated rate expired or not on file.	New as of 6/02
148	Claim/service rejected at this time because information from another provider was not provided or was insufficient/incomplete.	New as of 6/02
A0	Patient refund amount.	
A1	Claim denied charges.	
A2	Contractual adjustment.	
A3	Medicare Secondary Payer liability met.	Inactive for 004010, since 6/98.
A4	Medicare Claim PPS Capital Day Outlier Amount.	
A5	Medicare Claim PPS Capital Cost Outlier Amount.	
A6	Prior hospitalization or 30 day transfer requirement not met.	

A7	Presumptive Payment Adjustment	
A8	Claim denied; ungroupable DRG	
B1	Non-covered visits.	
B2	Covered visits.	Inactive for 003040
B3	Covered charges.	Inactive for 003040
B4	Late filing penalty.	
B5	Payment adjusted because coverage/program guidelines were not met or were exceeded.	Changed as of 2/01
B6	This payment is adjusted when performed/billed by this type of provider, by this type of provider in this type of facility, or by a provider of this specialty.	Changed as of 2/01
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service.	Changed as of 10/98
B8	Claim/service not covered/reduced because alternative services were available, and should have been utilized.	
B9	Services not covered because the patient is enrolled in a Hospice.	
B10	Allowed amount has been reduced because a component of the basic procedure/test was paid. The beneficiary is not liable for more than the charge limit for the basic procedure/test.	
B11	The claim/service has been transferred to the proper payer/processor for processing. Claim/service not covered by this payer/processor.	
B12	Services not documented in patients' medical records.	
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	
B14	Payment denied because only one visit or consultation per physician per day is covered.	Changed as of 2/01
B15	Payment adjusted because this procedure/service is not paid separately.	Changed as of 2/01
B16	Payment adjusted because 'New Patient' qualifications were not met.	Changed as of 2/01
B17	Payment adjusted because this service was not prescribed by a physician, not prescribed prior to delivery, the prescription is incomplete, or the prescription is not current.	Changed as of 2/01
B18	Payment denied because this procedure code/modifier was invalid on the date of service or	Changed as of 2/01

	claim submission.	
B19	Claim/service adjusted because of the finding of a Review Organization.	Inactive for 003070
B20	Payment adjusted because procedure/service was partially or fully furnished by another provider.	Changed as of 2/01
B21	The charges were reduced because the service/care was partially furnished by another physician.	Inactive for 003040
B22	This payment is adjusted based on the diagnosis.	Changed as of 2/01
B23	Payment denied because this provider has failed an aspect of a proficiency testing program.	Changed as of 2/01
D1	Claim/service denied. Level of subluxation is missing or inadequate.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D2	Claim lacks the name, strength, or dosage of the drug furnished.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D3	Claim/service denied because information to indicate if the patient owns the equipment that requires the part or supply was missing.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D4	Claim/service does not indicate the period of time for which this will be needed.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D5	Claim/service denied. Claim lacks individual lab codes included in the test.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D6	Claim/service denied. Claim did not include patient's medical record for the service.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D7	Claim/service denied. Claim lacks date of patient's most recent physician visit.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D8	Claim/service denied. Claim lacks indicator that 'x-ray is available for review.'	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.

D9	Claim/service denied. Claim lacks invoice or statement certifying the actual cost of the lens, less discounts or the type of intraocular lens used.	Inactive for 004010, since 2/99. Use code 16 and remark codes if necessary.
D10	Claim/service denied. Completed physician financial relationship form not on file.	Inactive for 003070, since 8/97. Use code 17.
D11	Claim lacks completed pacemaker registration form.	Inactive for 003070, since 8/97. Use code 17.
D12	Claim/service denied. Claim does not identify who performed the purchased diagnostic test or the amount you were charged for the test.	Inactive for 003070, since 8/97. Use code 17.
D13	Claim/service denied. Performed by a facility/supplier in which the ordering/referring physician has a financial interest.	Inactive for 003070, since 8/97. Use code 17.
D14	Claim lacks indication that plan of treatment is on file.	Inactive for 003070, since 8/97. Use code 17.
D15	Claim lacks indication that service was supervised or evaluated by a physician.	Inactive for 003070, since 8/97. Use code 17.
W1	Workers Compensation State Fee Schedule Adjustment	New as of 2/00

8. APPENDIX B – Claim Level Adjustment Codes

CLAIM ADJUSTMENT GROUP CODE

Code identifying the general category of payment adjustment 1100

CODE DEFINITION:

CO Contractual Obligations

Use this code when a joint payer/payee contractual agreement or a regulatory requirement resulted in an adjustment.

CR Correction and Reversals

Use this code for corrections and reversals to PRIOR claims. Use when CLP02=22, Reversal of Previous Payment.

OA Other adjustments

PI Payor Initiated Reductions

Use this code when, in the opinion of the payer, the adjustment is not the responsibility of the patient, but there is no supporting contract between the provider and the payer (i.e., medical review or professional review organization adjustments).

PR Patient Responsibility

9. APPENDIX C – Provider Level Adjustment Codes

PROVIDER LEVEL ADJUSTMENT

Provider Level Adjustment Reason Code

Code indicating reason for debit or credit memo or adjustment to invoice, debit or credit memo, or payment

CODE and DEFINITION

50 Late Charge

Code for the Late Claim Filing Penalty or Medicare Late Cost Report Penalty. PLB03-2 identifies the Medicare Late Cost Report Penalty with a code value of LR.

51 Interest Penalty Charge

Code for the interest assessment for late filing. Medicare Part A provides code “IP” in PLB03-2.

72 Authorized Return

Monetary amount is the provider refund adjustment. This adjustment acknowledges a refund received from a provider for previous overpayment. PLB03-2 should always contain an identifying reference number when the value is used. PLB04 should contain a negative value. This adjustment should always be offset by some other PLB adjustment referring to the original refund request or reason. For balancing purposes, the amount related to this adjustment reason code must be directly offset. Medicare A will provide code “PR” in PLB03-2.

90 Early Payment Allowance

AM Applied to Borrower’s Account

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Use this monetary amount for the loan repayment amount.

AP Acceleration of Benefits

Code to reflect accelerated payment amounts or withholdings. Withholding or payment identification is indicated by the sign of the amount in PLB04. A positive value represents a withholding. A negative value represents a payment. Medicare Part A will provide code “AP” for accelerated payment amounts and code “AW” for accelerated payment withholdings in PLB03-2.

B2 Rebate

Code for the refund adjustment. Medicare Part A will provide code “RF” in PLB03-2.

B3 Recovery Allowance

Code is used by Medicare to represent the check received from the provider for overpayments generated by payments from other payers. This code differs from the provider refund adjustment identified with code 72. Part A or Part B trust fund for Medicare use is identified in PLB03-2. “RA” is used for Medicare A. “RB” is used for Medicare Part B. PLB04 should contain a NEGATIVE

value. This adjustment should always be offset by some other PLB adjustment referring to the original refund request or reason. For balancing purposes, the amount related to this adjustment reason code must be directly offset.

BD Bad Debt Adjustment

Code for the bad debt pass-through. Medicare Part A will provide code “BD” in PLB03-2.

BN Bonus

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.

C5 Temporary Allowance

Tentative adjustment. Medicare Part A will provide code “TS” in PLB03-2.

CR Capitation Interest

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.

CS Adjustment

Provide supporting identification information in PLB03-2. Medicare Part A will provide code “CA” for Manual Claim Adjustment, “AA” for Receivable Today. Medicare Part A and Part B will provide code “RI” for Reissued Check Amount in PLB03-2.

CT Capitation Payment

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.

CV Capital Passthru

Medicare Part A will provide code “CP” in PLB03-2.

CW Certified Registered Nurse Anesthetist Passthru

Medicare Part A will provide code “CR” in PLB03-2.

DM Direct Medical Education Passthru

Medicare Part A will provide code “DM” in PLB03-2.

E3 Withholding

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Medicare Part A will provide code “CW” in PLB03-2.

FB Forwarding Balance

Monetary amount for the balance forward. A negative value in PLB04 represents a balance moving forward to a future payment advice. A positive value represents a balance being applied from a previous payment advice. A reference number should be supplied in PLB03-2 for tracking purposes. Medicare Part A will provide code “BF” for negative values and “CO” for positive values in PLB03-2.

FC Fund Allocation

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. The specific fund should be identified in PLB03-2.

GO Graduate Medical Education Passthru
Medicare Part A will provide code “GM” in PLB03-2.

IP Incentive Premium Payment
See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.

IR Internal Revenue Service Withholding

IS Interim Settlement
Number for the interim rate lump sum adjustment. Medicare Part A will provide code “IR” in PLB03-2.

J1 Nonreimbursable
Offset claim or service level data that reflects what could be paid if not for demonstration program or other limitation that prevents issuance of payment.

L3 Penalty
Number for the capitation-related penalty, penalty withholding, or penalty release adjustment. Withholding or release is identified by the sign in PLB04. See 2.2.10, Capitation and Related Payments or Adjustments, for additional information. Medicare Part A will provide code “PW” for Penalty Withhold, “RS” for Penalty Release, and “SW” for Settlement Withhold Amount in PLB03-2.

L6 Interest Owed
Monetary amount for the interest paid on claims in this 835. Support the amounts related to this adjustment by 2-062 AMT amounts, where AMT01 is “I.” Medicare Part A will provide code “IN” in PLB03-2.

LE Levy
IRS Levy

LS Lump Sum
Disproportionate share adjustment, indirect medical education pass-through, non-physician pass-through, pass-through lump sum adjustment, or other pass-through amount. The specific type of lump sum adjustment must be identified in PLB03-2. Medicare Part A will provide code:
 “DS” for Disproportionate Share Adjustment,
 “IM” for Indirect Medical Education Passthrough
 “NP” for Non-physician Passthrough
 “PS” for Passthrough Lump Sum
 “PO” for Other Passthrough in PLB03-2.

OA Organ Acquisition Passthru
Medicare Part A will provide code “KA” in PLB03-2.

OB Offset for Affiliated Providers
Part A or Part B trust fund identification for the source of the offset is in PLB03-2. Use “OA” for the Part A trust fund and “OB” for the Part B trust fund in PLB03-2.

PI Periodic Interim Payment

Monetary amount for the PIP lump sum, PIP payment, or adjustment after PIP. The sign of the amount in PLB04 determines whether this is a payment (negative) or adjustment (positive). Medicare Part A will provide code:

“PL” for PIP Lump Sum

“PP” for PIP Payment

“PA” for Adjustment After PIP in PLB03-2.

PL Payment Final

Number for the final settlement. Medicare Part A will provide code “FS” in PLB03-2.

RA Retro-activity Adjustment

See 2.2.10, Capitation and Related Payments and Adjustments, for additional information. Medicare Part A will provide code “TR” in PLB03-2.

RE Return on Equity

Medicare Part A will provide code “RE” in PLB03-2.

SL Student Loan Repayment

TL Third Party Liability

See 2.2.10, Capitation and Related Payments or Adjustments, for additional information.

WO Overpayment Recovery

Use for the recovery of previous overpayment. An identifying number should be provided in PLB03-2. See the notes on codes 72 and B3 for additional information about balancing against a provider refund. Medicare Part A will provide code “OR” in PLB03-2.

10. APPENDIX D - Definitions

Austin Automation Center	Repository for databases located in Austin, Texas.
Accounts Receivable	The financial computer system used by the Department of Veterans Affairs Medical Centers.
Financial Management System	The financial computer system used by the Department of Veterans Affairs.
Software Requirements Specifications	Document that outlines the functionality requirements for a project.
Routines	A unique identifiable containment of software pertinent to a computer system function. The routines contain the programming logic to implement the functionality for the EDI Lockbox Project.
Data Dictionary	The structure of a file, table or any group of related information as defined for and by VA FileMan.
MailMan Message	The messaging system used to communicate between the users of the VISTA software. MailMan messages will be used to process automatic payments and to communicate between the Accounts Receivable software and the users.
Related SRS Module	The numeric and title of the functionality requested in the SRS, which the SDD is implementing.
Mail Group	A VA MailMan structure that defines a subset of VA MailMan users. A Mail Group is used to communicate with a group of users. The Mail Group user subset can easily be modified without having to change software logic.
Security Key	A unique entry in the Security Key file (^DIC(19.1,) which may prevent access to a specific Option by including the key as part of the options' entry in the Option file (^DIC(19,). Only users entered in the Holder field of the Security Key file may access the option.
Option	A unique method defined in the Option file (^DIC(19,). Options are usually defined as part of a user driven menu system but may be invoked as extensions of other options or VA

	MailMan messages.
List Manager Screen	A graphical user interface program used by VISTA to present data to the users. From the List Manager Screen, the user can select options programmed and set up for the data displayed.
Integration Agreement	Programming agreements made between two VISTA packages enabling the sharing/management of data and or functions.
Implementation Manager	The person or group whose function is to field questions and solve problems for the sites that are data or process related to transmissions from EDI Lockbox.
Explanation Of Benefits	A document from a payer that details the amount of payment on a claim and if not paid in full, the reasons for it.
Electronic Remittance Advice	An electronic record transmitted to the sites with EEOB detail information included. An Electronic Remittance Advice can consist of one or more EEOBs from one payer.

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11. APPENDIX E – 3rd Party EDI Lockbox Bulletins

EDI LBOX – ERA HAS ADJ/TAKEBACKS <payer name>	
Message sent when an EDI Lockbox ERA is received and the payer has indicated that an adjustment to individual bills OR to the site in general has been made.	What to do: Review the ERA to be sure the adjustment is valid. Contact the payer if the adjustment needs to be clarified.
ERRONEOUS TAX ID ON ERA	
Message sent when the payer sends an ERA to the EDI Lockbox bank and they do not include a valid V.A. tax id on the transmission. In order to correctly route the data to the proper site, the tax id number must be corrected before the data is transmitted to the site by either EPHRA or the EDI Lockbox group in Austin. If this occurs, this bulletin is received by the site to alert them that the payer has either omitted or has an erroneous tax id for the site.	What to do: Contact the insurance company and provide them with the correct tax id for the site.
EDI LOCKBOX SERVER OPTION ERROR	
<p>Message sent when the EDI Lockbox system receives a message where:</p> <ol style="list-style-type: none"> 1. Message code is invalid for EDI Lockbox 2. This message has no ending \$ or 99 record. 3. Message file problem - no message stored. 4. Message file problem - message partially stored. 5. Invalid mail group designated for EDI Lockbox errors 6. Message header error – the format of the header record on an EFT or ERA was not correct. 	What to do: For all situations, contact your IRM as there may be mailman or server problems or NVS if there are software errors.
EDI LBOX - NO VALID BILLS ON ERA <payer name>	
Message sent when an ERA is received and NONE of the bills included on the EEOBs are identifiable at the site.	What to do: Contact your implementation manager.
EDI LBOX ALERT - ERA/EFT NOT FROM AUSTIN	
Message sent when an ERA or EFT is received by the EDI Lockbox system and the message did not come from Austin.	What to do: Contact your IRM to report this possible breach of security
EDI LBOX EEOB - EXCEPTIONS <payer name>	

<p>Message sent when an ERA is received and there is at least one of the following conditions:</p> <ol style="list-style-type: none"> 1. There is an EEOB within the ERA that is a duplicate of an EEOB already on file 2. There is an EEOB within the ERA that references an invalid bill # for the site and there is at least one other EEOB that does reference a valid bill for the site. 3. There is an EEOB within the ERA whose payment detail could not be stored in IB. 	<p>What to do:</p> <ol style="list-style-type: none"> 1. Contact your implementation manager, especially if the ERA is paid via EFT as this money should not be posted twice. 2. In EDI Lockbox transmission exceptions, you will find the record. Edit the claim # to be valid if the # was mis-typed or transfer to another site if not yours 3. Contact your IRM to determine if there is a software problem causing the failure.
EDI LBOX - EEOB FROM <site name> FOR <payer name>	
<p>Message sent when an EEOB is transferred into your site from another site that received it in error.</p>	<p>What to do: In EDI Lockbox Data Exception Processing, find the EEOB and accept it as yours (via file EEOB) or delete it if it does not belong to you.</p>
TOTALS MISMATCH ON EFT-ERA MATCH	
<p>Message sent when an EFT and an ERA are matched with the same trace number and insurance company id number, but the totals indicated on the 2 records do not match.</p>	<p>What to do: Contact the payer to determine why this has occurred.</p>
DUPLICATE EFT DEPOSIT RECORD RECEIVED	
<p>Message sent when the EDI Lockbox server receives an EFT message and VistA already has a deposit and receipt posted to FMS for the deposit ticket # referenced by the EFT.</p>	<p>What to do: Report this to your IRM and the implementation manager to determine why it happened.</p>
EDI LBOX ERA - DUPLICATE TRANSMISSION	
<p>Message sent when the EDI Lockbox server receives an ERA message and the exact same ERA was received/stored previously.</p>	<p>What to do: Report this to your IRM and the implementation manager to determine why it happened.</p>
EXCEPTIONS EFT DEPOSIT AND MATCH EFTs TO ERAs <date>	
<p>Message sent when:</p>	<p>:</p>

<p>Exception conditions include:</p> <ol style="list-style-type: none"> 1. The nightly job to post EFT deposits and match EFTs to ERAs could not be run because another match process was already running. 2. An invalid checksum value was found for an EFT on file and the EFT deposit was not sent to FMS. 3. A deposit or a receipt could not be added for an EFT. The EFT deposit was not sent to FMS. 	<p>What to do</p> <ol style="list-style-type: none"> 1. Only 1 process to match ERAs to EFTs may be running at any given time. If happening on the manual process, try again later. If on the nightly job or the problem persists, show the bulletin to your IRM as they can research the problem. 2. This indicates the EFT record was modified since it was stored in VistA. IRM should be notified of the problem and the EFT will need to be retransmitted to the site from Austin (the existing record will be overwritten with the retransmitted data) 3. This indicates a data problem with the record or a software problem. Ask Austin to retransmit. If the problem persists, contact your IRM and/or NVS
B. The manual job to match EFTs to ERAs was run and there were no records found to match	This message is FYI – no action is needed.
EDI LOCKBOX TOTALS RECORD EXCEPTION	
<p>Message sent when the EDI Lockbox server stores an ERA record in different parts. Each EEOB within the ERA is stored in IB in the EXPLANATION OF BENEFITS file. All the detail pertaining to payment made regarding the claim is stored here. The ERA total amount paid and all detail not pertaining to an individual claim is stored in A/R. This exception is received when the ERA totals record cannot be stored in A/R.</p>	What to do: Contact NVS.
AR LOCKBOX ERA UNMATCHED AGING REPORT FOR <date>	
When received: Produced by the nightly EDI Lockbox job. It contains an ERA UNMATCHED AGING summary report.	What to do: This is FYI only. No action is needed.
AR LOCKBOX EFT UNMATCHED AGING REPORT FOR <date>	
When received: Produced by the nightly EDI Lockbox job. It contains an EFT UNMATCHED AGING summary report.	What to do: This is FYI only. No action is needed.
AUTO DAILY ACTIVITY SUMMARY REPORT - <date>	
INVALID EFT DEPOSIT NUMBER	
When received: When the EDI Lockbox server receives an EFT whose deposit number does not start with a 469 or HAC.	What to do: Contact the implementation manager.

ELECTRONIC EDI LOCKBOX MESSAGE DELETED	
When received: Any time a user uses the delete message action within EDI Lockbox transmission exception processing to delete an exception message.	What to do: FYI – you might want to follow up to be sure the deletion was justified.
ELECTRONIC EEOB DETAIL EXCEPTION REMOVED	
Any time a user uses the delete message action within EDI Lockbox data exception processing to delete an exception message.	What to do: FYI – you might want to follow up to be sure the exception removal was justified.
LOCKBOX EEOB DETAIL RE-FILE ATTEMPTED TO IB	
When received: When an attempt is made to re-file an EEOB that could not be stored in IB due to a data exception by using the FILE EEOB in IB action in EDI Lockbox Data Exception Processing.	What to do: FYI only. No action required.
TRANSFERRED OUT EEOB RECEIVED	
When received: When the EDI Lockbox server receives a message from a site that your site has transferred an EEOB to, indicating the EEOB has reached the site.	What to do: FYI. These messages should be filed and if, in a few days, the EEOB has not been accepted or rejected by the other site, contact the other site to expedite the process.
TRANSFERRED OUT EEOB ACCEPTED	
When received: When the EDI Lockbox server receives a message from a site that your site has transferred an EEOB to, indicating the EEOB has been accepted at the site.	What to do: Contact the other site and make arrangements to transfer the actual dollars (if any) associated with the EEOB.
TRANSFERRED OUT EEOB REJECTED	
When received: When the EDI Lockbox server receives a message from a site that your site has transferred an EEOB to, indicating the EEOB has been rejected at the site because it did not belong to them.	What to do: Try to find another site the EEOB might belong to and repeat the process of transferring the EEOB. If the EEOB cannot find a home, contact the implementation manager to help resolve the problem.